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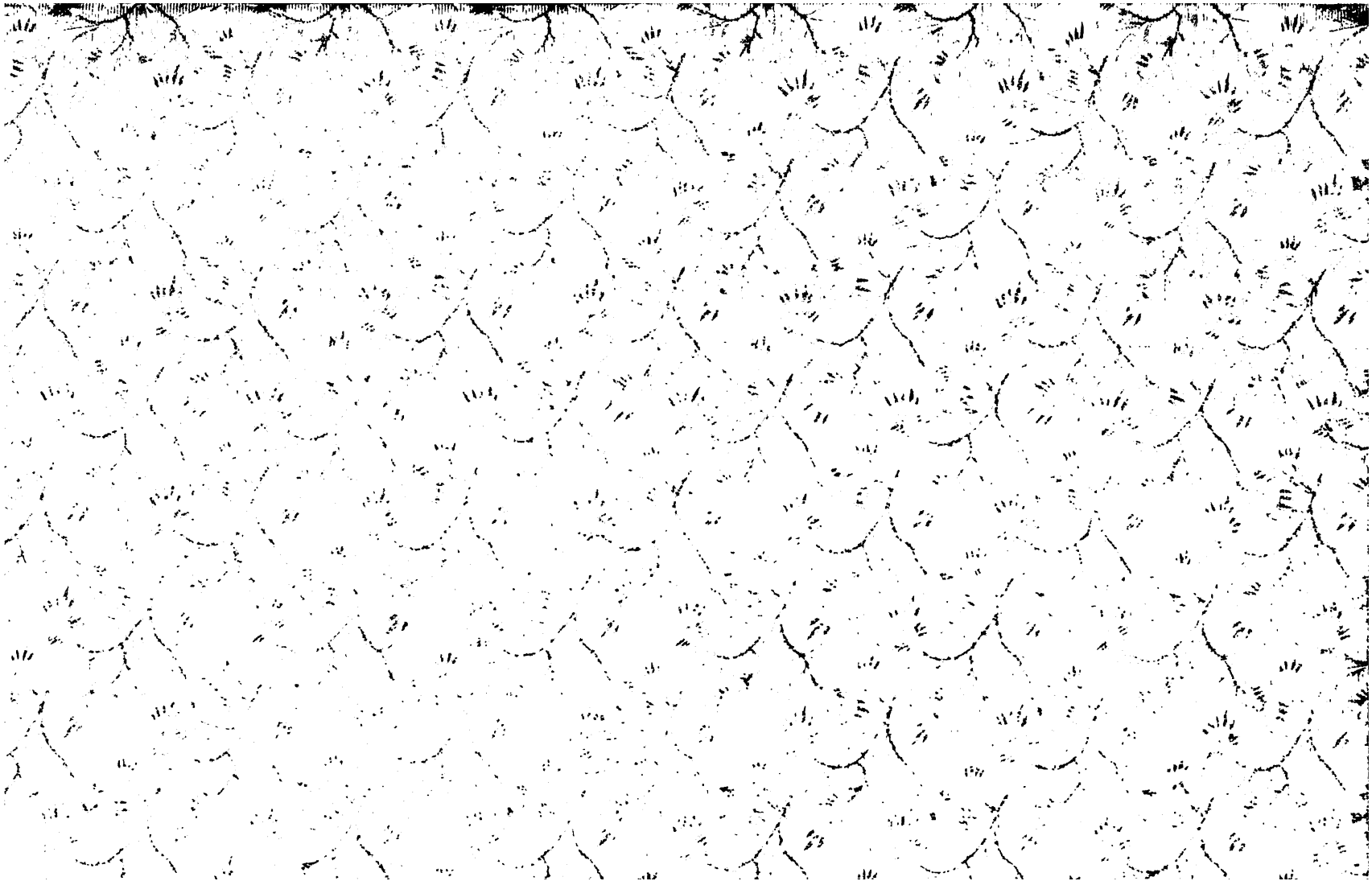

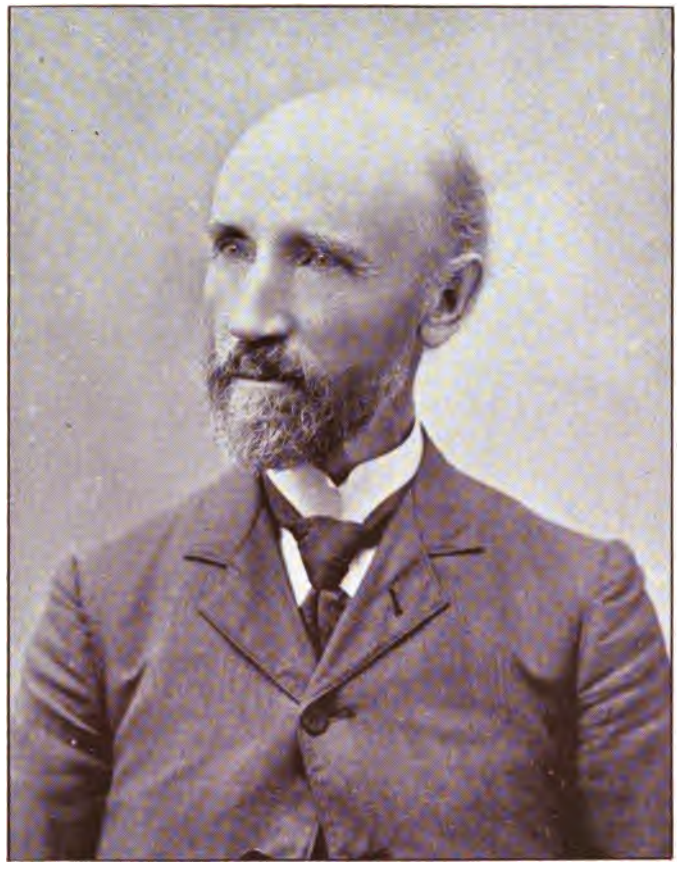

VINCENT A. BAKER, M. D.,

ADRIAN, MICH.

VIRES VITALES SUSTINETE.

TRANSACTIONS

OF THE

National Eclectic Medical Association

OF THE

UNITED STATES OF AMERICA,

FOR THE YEARS 1895-6,

Including the Proceedings of the Twenty-fifth Annual Meeting, held at Waukesha, in the State of Wisconsin, June, 1895, *together with the*

Reports, Papers and Essays,

FURNISHED BEFORE THE SEVERAL SECTIONS IN THEIR SITTINGS.

EDITED BY W. E. KINNETT, SECRETARY.

VOL. XXIII.

PUBLISHED IN BEHALF OF THE ASSOCIATION.

CINCINNATI:
SULLIVAN PRINTING WORKS.
1896.

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TWENTY-SIXTH YEAR.

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PREFACE.

WE ISSUE the present volume of the TRANSACTIONS at this late date, because there were not sufficient funds in the treasury of the Association to publish them last fall, as we fully expected to do; but through the generosity of a number of the members and friends whose names follow this preface, we were at last enabled to publish the work. The book is printed wholly by free-will offerings from the persons named.

We did not succeed in obtaining sufficient funds to warrant us in contracting for the book till about the tenth of May, and the work has been pushed to the utmost in order to get it completed before the Portland meeting, and on account of this haste there doubtless will be some errors.

We have endeavored to make the volume a complete record of the work done at the Waukesha meeting.

Grateful thanks are extended to all who so promptly and cheerfully assisted us in the publication of the work.

W. E. KINNETT, M. D.,
Secretary.

YORKVILLE, ILL., May 28, 1896.

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CONSTITUTION, BY-LAWS

AND

STANDING RESOLUTIONS

OF THE

National Eclectic Medical Association.

WHEREAS, The right of doing good transcends all statutory and other enactments, and the profession of healing is therefore radically a sacred one, to be exercised by any and every person duly qualified by natural endowments and acquired skill and knowledge; and

Whereas, The practice of medicine has become conformed to the genius of the nineteenth century, and is no more the secret art of a sacerdotal caste or privileged order, to be hedged about by penal laws, ethical codes or other instruments of barbarism and oppression, but has become the lawful vocation of citizens, like other callings; and

Whereas, The Constitution of the United States of America, the Constitutions of the several States, and the laws enacted in conformity with them, assure and protect this right of medical practice, and all legislation, political favor, or other discrimination tending to restrict or contravene the right, especially for the purpose of fostering any school of practice under the pretext of regularity or superior scientific knowledge, is a violation of the spirit, if not of the express provisions of those instruments, and ought to be discountenanced, disregarded, opposed and resisted as a departure from the principles of Republican government, as well as of natural right; and

Whereas, The Reformed practitioners of medicine have the same and every right to the encouragement and protection of government as physicians of other schools, and all good citizens; and

Whereas, The Legislature of the State of New York did, for the promotion of science and the establishment of an improved practice of medicine, enact the following Act of Incorporation:

AN ACT to incorporate the NATIONAL ECLECTIC MEDICAL ASSOCIATION—Passed March 27, 1871.

The people of the State of New York, represented in Senate and Assembly, do enact as follows:

SECTION 1. John Wesley Johnson, Stephen H. Potter, J. S. Cowdrey, William Molesworth, R. A. Gunn, J. C. Hulbert, James M. Comins, Benjamin J. Stow, Robert S. Newton, William Jones, Herod D. Garrison, J. M. Harding, S. B. Munn, Dennis E. Smith, Horatio E. Firth, and those associated with them, are hereby associated a corporation, under the name of "THE NATIONAL ECLECTIC MEDICAL ASSOCIATION," with the full rights and powers for the purposes of this act as natural persons.

SEC. 2. The object of this Association shall be to maintain organized co-operation between physicians, for the purpose of promoting the art and science of medicine and surgery, and the dissemination of beneficial knowledge and an improved practice of medicine.

SEC. 3 The business of said corporation shall be managed by its Executive Committee, consisting of its President, Secretary, Treasurer, and such other officers as the Association shall designate; and elections shall be held annually, as provided by the Constitution. All persons so elected shall hold office for the term of one year, and until their successors are chosen. The persons elected in September last, as officers of said corporation, shall hold office till such election of successors. At all meetings of said Association fifteen members shall constitute a quorum for the transaction of business.

SEC. 4. The said corporation shall be subject to the provisions of title third, chapter eighteen, of the first part of the Revised Statutes, and to the general laws for the government of scientific and benevolent associations, so far as the same may be applicable and not inconsistent with the provisions of this Act. And,

Whereas, This Association has been duly organized in accordance with the provisions and purposes of the aforesaid statute;

We, the members of the Eclectic School of Medicine, subscribing in good faith to the doctrines and principles of Reformed Medicine, as formulated and announced from time to time, and duly proclaimed, do now adopt the following:

CONSTITUTION.

ARTICLE I.

This Society shall be known by the name of the NATIONAL ECLECTIC MEDICAL ASSOCIATION.

ARTICLE II.—OBJECTS.

The object of this Association shall be to maintain organized co-operation between physicians, for the purpose of promoting the art and science of Medicine and Surgery, and the dissemination of beneficial knowledge, and an improved practice of medicine.

ARTICLE III.—MEMBERSHIP.

This Association shall consist of such Permanent Members as duly become such and conform to the requirements and regulations; also of delegates appointed by Local and State Associations in sympathy with this Association and its objects. The Permanent Members shall have full power and acknowledgement as such while acting in co-operation with this Association; and delegates shall have and exercise the powers and privileges of members, subject to the by-laws and other regulations, for the period of one year.

ARTICLE IV.—OFFICERS AND EXECUTIVE COMMITTEE.

The officers of this Association shall consist of a President, three Vice Presidents, a Secretary and a Treasurer, who shall severally exercise the powers and duties assigned to such officers by the usage of parliamentary and other public bodies. The President, Secretary and Treasurer shall constitute the Executive Committee of the Association for the transaction of all business, when the Association is not in session, which has not been delegated to standing or other committees. The seal of the Association, whenever practicable, shall be placed upon all official papers.

ARTICLE V.—COMMITTEE ON STATUS.

It shall be the duty of the President to appoint committees of persons in every State having in it a State Eclectic Medical

Society, to attend the meetings of the Eclectic Medical Societies of the States in which they respectively reside, and to report in writing, at the annual meeting of this Association, the prosperity, membership and condition of such Societies, and such facts in regard to the welfare and prospects of Reformed Medicine in the States as shall appear to them of importance. The reports, or a proper abstract of them, shall be included in the published *Transactions* of this Association.

Article VI.—Reports and Essays.

The President, within three months from the holding of the annual meeting shall designate members to prepare papers or reports to be submitted at the annual meeting next ensuing. Every member of this Association shall, at his earliest convenience, communicate to the Association or its Secretary all interesting cases, improvements, discoveries and suggestions as he shall consider useful, and prepare papers and essays on topics connected with medical science or practice; which may, whenever judged of sufficient importance, be published with the *Transactions*.

Article VII.—Meetings.

The annual meeting of this Association shall be held, when not otherwise ordered, at such place as the Executive Committee shall designate, on the third Tuesday of June; but the Association shall, at any meeting, in such manner as it may provide, have full authority to fix the time and place of such meeting; and the hour of assemblage, when not otherwise directed, shall be ten o'clock in the morning. The period of holding the annual meeting shall be three days.

Article VIII.—Amendmemts.

Amendments may be made to the Preamble, Constitution or By-Laws at any regular meeting, notice having been given at a previous meeting, by the concurring vote of two-thirds of the members present, provided that twenty votes shall be duly recorded in favor of the same; but by unanimous consent amendments or alterations may be made at the same meeting at which they are offered.

BY-LAWS.

Article I.—Membership.

Section 1. This Association may receive as Permanent Members, such persons, graduates of regularly organized medical colleges and holding legitimate degrees, and physicians engaged in reputable practice for fifteen years, as are duly nominated as delegates by the State Eclectic Medical Society, or such local society auxiliary to the State Eclectic Medical Society to which such delegates may belong. Persons of high medical and scientific attainments from other countries may, upon the nomination of a member, and the recommendation of the Executive Committee, be elected Honorary Members at the Annual Meeting next after such meeting.

Sec. 2. Every State Medical Society in sympathy with this Association and its purposes is authorized to appoint delegates annually to this Association, and in addition every local or district society, auxiliary to such society, two delegates, and every medical college likewise two delegates.

Sec. 3. The credentials of delegates shall set forth their academic rank, the institution at which they received the degree of Doctor of Medicine, and the time during which they have been engaged in practice.

Article II.—Fees and Dues.

Section 1. Every person duly elected as a Permanent Member of this Association shall complete such membership by paying an initiation-fee of seven dollars. He shall also report his name and residence annually to the Secretary within one month from the time of the annual meeting, and shall likewise, after the first year, pay an annual due of three dollars. Worthy members of this Association who have been such for a period of not less than twelve years, and former Presidents, may, upon resolution, adopted at any meeting, by a majority of not less than two-thirds of all members present, be exempted from the provisions of this Section, except so far as relates to the reporting of name and residence as aforesaid; and such members shall be designated "exempt members."

SEC. 2. It shall be the duty of the Treasurer, on the second day of the annual meeting, and also on the day ensuing, to report the name of every member in arrears for dues, in open session, for action of this Association.

SEC. 3. Delegates not members, upon their reception by the Association, shall pay into the treasury the sum of five dollars, which thall be credited on the initiation-fee in case they shall also become Permanent Members at the same session of this Association; and they shall be entitled to receive a printed volume of the publications of the Association.

SEC. 4. Each Permanent Member, upon signing the roll, shall be entitled to receive a certificate of membership, duly authenticated by the seal of the Association and the signature of the President and Secretary. He shall also, upon the payment of the annual dues, be entitled to a printed volume of the *Transactions. No member in arrears shall be entitled to the printed publications, or to exercise any right of membership;* except that if such delinquency does not exceed one year, and such member purposes in good faith promptly to make good delinquency, these restrictions may be held as not applicable.

ARTICLE III.—ETHICS.

SECTION 1. The members of this Association shall exercise toward each other, toward all physicians, Eclectics especially, and toward all mankind, that courtesy and just dealing to which every one in his legitimate sphere is entitled, and any departure therefrom shall be deemed unprofessional, undignified and unworthy the honorable practitioner of an honorable profession. It shall also be regarded as unbecoming to engage in any form of practice, or of advertising, which shall tend to lower the physician in the esteem of the community, or to reflect discredit upon his professional associates.

ARTICLE IV.—DISCIPLINE OF MEMBERS.

SECTION 1. Any member may be officially censured, invited to withdraw, or expelled from membership for improper conduct, or a violation of professional comity. But it shall be necessary for a specific charge to be made in writing, and a copy to be presented to the person accused or some person acting in his be-

half, and another placed in the hands of the President or Secretary one month before the time of holding a regular meeting.

SEC. 2. All professors or officers of colleges voting and otherwise co-operating in the conferring of the degree of Doctor of Medicine on any person not duly entitled to the same by the necessary attendance on medical lectures and thorough examinations, shall be considered as liable to the penalties enumerated in this article.

SEC. 3. A member of this Association who commends a proprietary medicine which is advertised to the public, whether the formula be known or not, may be considered guilty of unprofessional conduct; and may be, upon proof duly shown, censured, allowed to withdraw by returning his certificate of membership to the Association, or be expelled.

SEC. 4. The Association or Executive Committee shall erase from the list of members the name of any member admitted from an auxiliary society or medical college, who shall fail from misconduct or neglect to continue in good standing a member of an auxiliary society.

SEC. 5. Any person expelled from this Association shall not be received as a delegate to this Association until the Society, whether State or local, to which he shall belong, shall show sufficient cause for reinstatement in this Association.

ARTICLE V.—DEGREE OF DOCTOR OF MEDICINE.

SECTION 1. Medical colleges in good standing with this Association shall require that each and every candidate for graduation shall be twenty-one years of age, and have pursued the study of medicine for four years under the supervision of a reputable physician or in a reputable medical college, and have attended at least three full terms of instruction of at least five months' duration, the last of which shall have been in the college conferring the degree.

ARTICLE VI.—ELECTION OF OFFICERS.

SECTION 1. At every Annual Meeting of the Association, upon the third day of the session, there shall be an Electoral Committee chosen as follows: Each State Society or Association shall elect at its annual meeting two delegates to the Electoral

Committee, who shall receive certificates from the bodies electing them, and in the absence of one or both, as the case may be, the President and Secretary of the State Society shall appoint alternates in their stead; * and the members and delegates from each State present at the meeting shall elect one Delegate-at-Large to the Electoral Committee. A majority of this Electoral Committee having convened on the forenoon of the last day of the session, shall elect officers of the Association.

SEC. 2. This Committee shall also select the next place of meeting by ballot.

SEC. 3. There shall be chosen or appointed one or more Corresponding Secretaries, who in addition to the usual function of such officers shall be charged with the duty of making general arrangements for the meetings of the Association, procuring rebates of fare for those attending, and otherwise aid the other officers in the performance of their work.

ARTICLE VII.—QUORUM.

SECTION 1. Fifteen members at any regular meeting shall constitute a lawful number to transact business, but a smaller number may receive reports.

SEC. 2. It shall be the duty of members desiring to leave before final adjournment to communicate the fact to the President.

ARTICLE VIII.—SURRENDER OF MEMBERSHIP.

SECTION 1. Omission to pay dues for two years shall be equivalent to a surrender of membership; but such persons may be restored to full rights on payment of arrearages.

SEC. 2. Every member of this Association shall inform the Secretary or cause him to be informed respecting his postoffice address and place of residence, on or before the first day of January in each year; *and in default of such knowledge the Secretary may withhold from him the next volume of* TRANSACTIONS.

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*At the annual meeting, June 21st, 1894, the Association adopted the following clause:

"In the event of one or more vacancies occurring, caused by one or both of the delegates to the Electoral Committee elected by any State Society failing to attend, or from the failure of the President of said State Society to appoint one or two alternates who shall be present in their stead, this said vacancy or vacancies shall be filled by the members and delegates present from said State at that meeting.

Article IX.—Order of Business.

1. Ascertaining the presence of a quorum.
2. Calling the Roll of Officers.
3. Receiving the names of delegates and propositions for membership, and referring them, and credentials, to the Committee on Credentials.
4. Reports of Officers.
5. Reports of Committees, which shall always be in order when no other business is in progress.
6. Reception of papers by title. It shall, however, be in order, when no other business is before the Association, to read any such paper and discuss the subject on which it treats.
7. Miscellaneous business.

Article X.—Publication of Transactions.

No report or paper presented to this Association, as herein provided, shall be excluded from the printed volume of *Transactions* except for the following reasons:

1. Imperfect preparation.
2. Indecorum of language.
3. Unfriendly expression toward the Association.
4. Want of importance, or of pertinency to the subjects within the province of the Association.
5. Insufficient means in the possession of the Treasurer to liquidate expenses of publication.

All papers read or submitted to the Association are its property, and shall be deposited with the Secretary within thirty days; or else they shall not be acknowledged, except by express vote or authorization, in any journal proceedings. But this Association is not to be regarded as approving unqualifiedly, or sanctioning to their full extent, the several doctrines and sentiments set forth in the papers thus presented and published by its direction.

The Secretary of this Association shall be editor of its publications, *ex-officio*, subject to the supervision of the President and Treasurer, and shall be entitled to repayment of all necessary expenses actually incurred, traveling expenses to and from meetings, and such additional amount as the Association shall consider his due.

STANDING RESOLUTIONS.

[As Standing Resolutions, though often but an expression of sentiment, have really the importance of By-Laws, when relating to business, the Secretary, pursuant to instructions, has omitted from the category all those which have, subsequent to their adoption, been incorporated into the Constitution and By-Laws of the National Association, and also those which have been virtually superseded by others more recently adopted, or which have been rescinded.]

STANDING COMMITTEES.

ON AFFAIRS OF MEDICAL COLLEGES.

Resolved, That a Committee of five be appointed by the Chair to consider such contingent matters as may arise concerning the *status* of Medical Institutions and report upon the same; and that the committee be continued from year to year till their vacancies through absence shall require filling on the part of the Association.—*Adopted June* 20, 1883.

ON GRIEVANCES.

Resolved, That a Committee of five be appointed annually at the opening sessions of this Association, to be designated the Committee on Grievances, and that all complaints, disputes between members, and other matters, in controversy be referred to this committee.—*Adopted June* 15, 1887.

REFERENCE OF SUBJECTS.

Resolved, That all matters relating to affairs of Medical Colleges and complaints be referred without debate to the respective Standing Committee appointed to consider the same, with instructions to report upon them at an early period.—*Adopted June* 17, 1888.

ON LOCATIONS FOR ECLECTIC PHYSICIANS.

Resolved, That a Committee on Locations be appointed by the Chair to obtain information in regard to desirable locations for physicians, and to correspond with any who may desire to change their location.—*Adopted October* 5, 1871.

AUDITING COMMITTEE.

Resolved, That an Auditing Committee of two be appointed by the President to audit all bills incurred by the officers of this Association during the coming year.—*Adopted June 20th*, 1884.

ON MEDICAL LEGISLATION.

Resolved, That a Committee, to be known as the *Committee on Medical Legislation*, be appointed annually by the President of the Association.

Resolved, That such Committee shall be composed of one member from each State having a member in this National Association.

Resolved, That all matters touching the enactment or enforcement of Laws for the Regulation of the Practice of Medicine in the several States, so far as they influence unfavorably the status of Eclectic Medical Colleges, or Eclectic Physicians of such States, shall be referred without motion to the committee so constituted for report and recommendation to this Association.

Resolved, That such committee shall organize and elect officers before the adjournment of the meeting of the Association—*Adopted June* 21, 1888.

Resolved, That in the event of any vacancy in this committee whether by death, resignation, inability or neglect to serve, the Chairman be authorized to appoint a member from the State in which said vacancy may exist.—*Adopted June* 22d, 1888.

Resolved, That this committee, in the name of the National Eclectic Medical Association, recommend to the respective Eclectic Medical Societies, of the several States to establish VIGILANCE COMMITTEES or *Committees on Legislation* therein, whose duty it shall be to make application to the Legislatures of such States to defeat all proposed bills, and to amend or repeal statutes, the purpose, purport or operation of which is to abridge the rights of worthy and honorable practitioners of the Healing Art, or to establish discrimination between the several Schools of Medicine.—*Approved June* 22, 1889.

REQUEST TO MEDICAL JOURNALS.

Resolved, That the several Medical journals in sympathy with the National Eclectic Medical Association are respectfully so-

licited to coöperate with this Association and this committee [on Medical Legislation] in every proper manner to carry into effect the purposes for which this committee has been authorized.—*Adopted June* 22, 1888.

PARTISAN MEDICAL LEGISLATION.

Resolved, That while the National Eclectic Medical Association is in favor of elevating the standard of Medical Education, it is opposed to *all class medical legislation.—Adopted June* 19, 1884.

In view of the encroachments of the school of medical practitioners calling themselves "REGULARS" upon the personal and constitutional rights of those physicians whom they have styled "*irregulars*" we publish our will and express our positions and sentiments in these following even-tempered resolutions:

1. *Resolved*, That the members of the National Eclectic Medical Association are opposed to *Partisan Legislation* having in view the regulation of Medical Practice.

2. *Resolved*, That we are in favor of "Boards of Health" organized for the good of the People, and NOT empowered to act prejudicially to any class of physicians.

3. *Resolved*, That we encourage the testing of the constitutionality of laws already enacted in several States giving authority to organize medical officials, who discriminate against the professional interests of Eclectic practitioners.—*Adopted June* 19, 1885.

PROPOSED MEDICAL CABINET OFFICER

Resolved, That this National Eclectic Medical Association hereby approves of the action of the Auxiliary Societies in protesting and remonstrating against the creation by Congress of an Executive Department of the Government with a Medical Cabinet officer, and pledges its coöperation with the object contemplated by such remonstrance.—*Adopted June* 17, 1891.

NO DISCRIMINATION IN APPOINTMENTS TO PUBLIC OFFICE.

Resolved, That Congress be memorialized to exact "that the graduates of any Medical School that requires of its candidates for the Degree of Doctor of Medicine attendance upon two full courses of lectures, of not less than five months each, upon the

subjects of Anatomy, Physiology, Principles and Practice of Medicine, Surgery, Obstetrics, Materia Medica and Chemistry—such course to have an interval of at least five months between them—and shall also require three full years of study of subjects pertaining to the Science of Medicine, shall be eligible to the medical and surgical offices of the United States Army and Navy through the medium of the examination as now required by law."—*Adopted June* 21, 1878.

FUND FOR DEFENSE AGAINST PROSECUTION.

Resolved, That this Committee on Medical Colleges recommend that a fund be provided by this Association for the defense of its members against unjust oppression from State Boards of Health and Medical Examining laws; that this committee be given power to extend said fund for the protection of members *only when in the opinion of this committee there has been unjust discrimination against Eclectic physicians;* and we would recommend an assessment of one dollar per member for this specific purpose, if, in the opinion of the Executive Committee, it becomes necessary during the coming year.—*Accepted June* 19, 1894.

MEDICAL COLLEGES.

STANDARD OF INSTRUCTION.

Resolved, That this Association pledges its influence for the maintenance of the highest standard of Medical Education consistent with the law and the custom of the times.—*Adopted October* 5, 1871.

Resolved, That the instructors and censors of the several medical colleges professing Eclectic faith are hereby requested to adopt, as nearly as may be, a uniform standard of qualifications for candidates for the degree of Doctor of Medicine, as well as in relation to the term of study, maintaining a proper comity toward each other; and further, that like proficiency be required in Medical Botany and the principles of Chemistry, as in the science of *Materia Medica* and the principles and Practice of Medicine.—*Adopted June* 18, 1874.

ECLECTIC MEDICAL COLLEGES RECOGNIZED.

Resolved, That this Association recognizes the following Eclectic colleges as being in good standing, and recommend that they receive the support of our profession:*

The Electic Medical Institute.

The American Medical College of St. Louis.

The Eclectic Medical College of New York.

The Bennett College of Chicago.

The United States Medical College of New York.

Resolved, That we approve the courses of instruction adopted, and especially recommend to students a graded course of three years, or attendance upon three or more courses of lectures of not less than twenty weeks each.—*Adopted June* 19, 1879.

Resolved, That this Association recognizes the California Medical College (Eclectic) at Oakland, California, as an accession to our medical institutions.—*Adopted June* 18, 1880.

Resolved, That the Georgia Eclectic Medical College, at Atlanta, is hereby recognized as an institution in good standing and entitled to favor from members of this Association.—*Adopted June* 21, 1882.

Resolved, That the full recognition of the National Eclectic Medical Association be extended to the Eclectic College of Physicians and Surgeons of Indiana.—*Adopted June* 17, 1891.

Resolved, That the Committee on Medical Colleges recommend that the Eclectic Medical Department of Cotner University, of Lincoln, Nebraska, be considered a Medical College in good standing and on probation for one year.—*Approved June* 20, 1894.

REGULATIONS AT MEETINGS.

REFERRING TO CREDENTIALS.

Resolved, That when the credentials of delegates from auxiliary societies are presented they be duly referred without reading, except when such reading shall be asked for.—*Adopted June* 16, 1891.

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*These colleges are recognized by the National Bureau of Education as being in good professional standing. The Association at its regular meetings has been in the practice of receiving delegates from these institutions, and not from others not included in this list. Graduates of other colleges, who are otherwise eligible, are accepted, however, when candidates for membership.

SPEAKING LIMITED.

Resolved, That no member be allowed more than five minutes to discuss any subject presented, and that no one be allowed to speak the second time on the subject except by a vote of this Association.—*Adopted June* 25, 1873.

EXHIBITIONS OF WARES.

Resolved, That in the future sessions of this Association no exhibition of pharmaceutical preparations, tables of medicines and surgical instruments, signs, show-cards and circulars of remedies, the names of which are secured by trade-mark, shall be allowed in the hall used for the deliberations of this Association.—*Adopted June* 22, 1882.

SECTIONS AUTHORIZED.

Resolved, That Sections be constituted for the various departments of Medical Science, with Chairman and Secretary, to be appointed or elected at each annual meeting.—*Adopted June* 18, 1880.

FURTHER REGULATIONS.

Resolved, That in future sessions of this Association, all papers submitted to it shall be referred by the President to the proper Section.

Resolved, That in the absence of the Chairman of any Section, another shall be appointed by the President of the Association to serve during the session.

Resolved, That its Chairman shall convene each Section at the earliest possible opportunity; and that such papers as have been submitted shall be considered, and the recommendation of the Section communicated to the Association.

Resolved, That the Secretary of each Section shall submit to the Secretary of the Association a list of all the papers in the possession of each Section, with the recommendation of the Section thereon, and shall deliver to him all such manuscripts at the close of the session.—*Adopted June* 17, 1881.

PUBLICATION OF "TRANSACTIONS," ETC."

VOLUMES TO BE BOUND.

Resolved, That the present and future editions of the published *Transactions* be bound in cloth.—*Adopted June* 20, 1879.

HONORARY AND ACADEMIC TITLES OMITTED.

Resolved, That hereafter no distinguishing feature shall be employed in the publications of our proceedings, the simple title of *Doctor of Medicine* being enough to designate our professional standing in the *Transactions* of this National Association.—*Adopted June* 15, 1887.

PAPERS MAY BE COPYRIGHTED.

Resolved, That members presenting papers to the Association have the right to copyright them if they wish, the fact to be so stated in the published reports of the Association.—*Adopted June* 25, 1873.

PUBLICATION NOT UNQUALIFIED APPROVAL.

Resolved, That this Association is not to be regarded as approving and sanctioning to their full extent the several doctrines and sentiments advanced in the papers presented and published by its direction.

Resolved, That a copy of this resolution be published in some proper place in future volumes of *Transactions.*—*Adopted June* 15, 1875.

PREPAYMENT OF TRANSPORTATION.

Resolved, That the several members of this Association, paying promptly the annual dues, have the option to receive their volumes of the *Transactions* by mail or express; and that the Treasurer is accordingly authorized to ask of each member the payment of twenty cents in case that he shall elect the former mode of conveyance.—*Adopted June* 17, 1889.

COPIES FOR PRESENTATION.

Resolved, That the Executive Committee is authorized to present copies of the *Transactions* of the National Eclectic Medical

Association to Public Libraries and other bodies, when in their judgment the welfare of this Association will be promoted by such action.—*Adopted June* 15, 1887.

BOOKS AUTHORIZED.

MERRELL'S DIGEST.

Resolved, That the *Digest of Materia Medica and Pharmacy*, prepared by Professor Albert Merrell, M. D., under the direction and with the approval of the National Eclectic Medical Association, is hereby recommended to physicians and students in Medicine, as an invaluable manual and text-book in regard to all practical matters in remedial science; and that this Association would urge accordingly that it be given a conspicuous place in every medical library and widely circulated.—*Adopted June* 17, 1885.

KING'S AMERICAN DISPENSATORY.

Resolved, That the Association accept the *American Dispensatory* as its standard authority.—*Adopted June* 19, 1879.

HISTORY OF MEDICINE.

Resolved, That Dr. Alexander Wilder be and is hereby requested to prepare a History of Medical Reform during the earlier periods, under the authority and sanction of the National Eclectic Medical Association.—*Adopted June* 19, 1890.

LOST CERTIFICATES OF MEMBERSHIP.

Resolved, That the President and Secretary is hereby authorized to duplicate lost certificates on the payment of expenses for the same.—*Adopted June* 19, 1878.

ABORTION.

Resolved, That the growing evil of the practice of Abortion, perpetrated, as we believe, by individuals from every branch of the profession, is an abuse justly alarming to society; and that we hereby record our unqualified condemnation of this wicked and cruel practice, and also of all physicians, of whatever school, who engage in it.—*Adopted October* 5, 1871.

TO PROCURE EVIDENCE.

Resolved, That a Committee of Three be appointed annually by the incoming President, on assuming the Chair, whose duty it shall be to procure evidence against any member of the Association, who, unprofessionally and bombastically, advertises himself, or otherwise brings discredit upon the Association; said Committee shall, from time to time, make reports to the President of the Association.—*Adopted June* 19, 1895.

AMENDMENTS TO THE CONSTITUTION.

Resolved, That in future, due notice be given in the Announcement to the members of this Association of any proposed amendment to the Constitution or By-Laws, to be acted upon at the meeting.—*Adopted June* 22, 1882.

VIRES VITALES SUSTINETE.

National Eclectic Medical Association.

PART 1.

TWENTY-FIFTH ANNUAL MEETING.—1895.

The National Eclectic Medical Association of the United States of America convened in annual session, pursuant to adjournment, at the Fountain Spring House, in the City of Waukesha, Wisconsin, on Tuesday morning, June 18, 1895, and was called to order at the appointed hour by the President, Vincent A. Baker, M. D., of Adrian, Michigan.

Prayer was offered by Rolla L. Thomas, M. D., of Cincinnati, Ohio.

The President declared the Association to be in session, and directed the names of members to be called in order to ascertain the presence of a quorum. The following members responded to the call, namely:

Doctors J. A. Alexander, V. A. Baker, G. W. Boskowitz, James H. Campbell, E. H. Carter, C. E. Cole. Geo. Covert, W. F. Curryer, Geo. W. Delbridge, F. Ellingwood, C. M. Ewing, E. J. Farnum, E. B. Foote, Edwin Freeman, G. T. Fuller, H. G. Gabel, Thos. Garth, W. T. Gemmill, W. H. Hipp, Sarah J. Hogan, Geo. W. Johnson, W. E. Kinnett, W. L. Marks, J. A. Monroe, W. N. Mundy, W. J. Nicolay, Anna T. Nivison, E. B. Packer, M. J. Rodermund, G. L. B. Rounseville, L. E. Russell, J. K. Scudder, S. M. Sherman, E. L. Standlee, J. V. Stevens, H. K. Stratford, R. L. Thomas, F. E. Thornton, J. A. Thornton, H. K. Whitford, Alex. Wilder, D. Williams, H. Wohlgemuth, F. Worth, E. Younkin, W. E. Bloyer.

The roll of officers was then called.

Present: Vincent Alexander Baker, M. D., President; Cicero M. Ewing, M. D., First Vice-President; George W. Johnson, M.D., Second Vice-President; Alexander Wilder, M. D., Recording Secretary; W. T. Gemmill, M. D., Treasurer.

Absent: Malachi J. Carriker, M. D., Third Vice-President; John V. Stevens, M. D., Corresponding Secretary.

TREASURER'S REPORT.

W. T. Gemmill, M. D., the Treasurer, submitted his Annual Report. (Schedule F.)

CREDENTIALS.

The roll of State and local auxiliary medical societies, and of Eclectic Medical Colleges, was called, and credentials of delegates were duly received from the societies and associations of Connecticut, Georgia, Iowa, Massachusetts, New Jersey, New York, Ohio, Oregon, Pennsylvania, Vermont, West Virginia. The Eclectic Medical Society of Cincinnati, The Eclectic Medical Institute, The American Eclectic Medical College of Cincinnati.

The Committee on Credentials was announced as follows: Doctors C. E. Quigg, C. M. Ewing, E. B. Foote, W. L. Marks, George Covert.

On motion of Dr. W. E. Bloyer, of Ohio, a resolution was adopted directing the names of candidates when reported to be copied and posted for public inspection.

The Association then took a recess till two o'clock.

FIRST DAY.—AFTERNOON SESSION.

The Association resumed its sitting at the appointed hour.

GRIEVANCE COMMITTEE.

The Committee on Grievances was announced as follows: Doctors H. K. Stratford, E. H. Carter, O. S. Coffin, S. M. Sherman, J. H. Alexander.

AMENDMENTS TO BY-LAWS.

The next order of business was stated to be the consideration of the several amendments proposed to the By-Laws of the Association.

The amendments adding two sections to Article I. was taken up for consideration:

1. To amend Article I. by adding the following sections:

SECTION 4. It shall be the duty of the Secretary of each of the associations or societies in affiliation with the National Eclectic Medical Association to report annually to the Secretary of the National Eclectic Medical Association the name of each person, who, from any cause, has forfeited his membership in said State or local association, which reports shall be read to the National Eclectic Medical Association.

SEC. 5. If any person shall be named as a delegate to the National Eclectic Medical Association by any State or local society, and that delegate has not been in reputable practice for a period of not less than fifteen years, or be a graduate of some reputable medical college, then a statement of such delinquency, signed by two members of this Association, shall act as a sufficient bar of forfeiture of membership in the National Eclectic Medical Association.

Dr. Wilder moved to lay the amendment on the table.

The President put the question and declared the vote lost.

On motion of Dr. Bloyer the amendment was referred to the Committee on By-Laws appointed at the last annual meeting.

The amendment to Article VI. was then considered.

To amend article VI. of the By-Laws so as to read as follows:

SECTION 1. At every annual meeting of the Association, upon the third day of the session, there shall be an Electoral Committee chosen by the members and delegates as follows: Every State represented in the Association by members belonging to a State Society shall be entitled to two votes, and every Medical College recognized by this Association to one vote; and a majority of the Electoral Committee having convened and duly organized shall elect the officers of the Association.

On motion of Dr. Bloyer this amendment was likewise referred to the Committee on By-Laws.

The third amendment changing the annual dues of members from three dollars to five dollars was next considered and also referred to the Committee on By-Laws.

INVITATION.

An invitation was received from the Bethesda Spring Company, tendering the free use of their spring and park to the members of the Association and ladies in attendance.

The President put the question of accepting the invitation and declared it duly adopted.

BADGE.

On motion of W. F. Curryer, M. D.:

Resolved, That a badge of blue ribbon be worn by each member in attendance during the present session of this Association.

A resolution was also adopted directing Dr. Curryer to supply the badges.

ROBERT A. GUNN, M. D.

Charges made against Robert A. Gunn, M. D., of New York, for unprofessional conduct, by Doctors H. Wohlgemuth, of Illinois; R. L. Thomas, of Ohio, and E. H. Rogers, of Wisconsin, were announced by the Secretary and referred to the Committee on Grievances.

The charge by H. Wohlgemuth, M. D., made at Niagara Falls, June 20, 1894, was as follows:

DR. WOHLGEMUTH'S ACCUSATION.

JUNE 20, 1894.

"The National Eclectic Medical Association in convention assembled at Niagara Falls, New York.

"WHEREAS, The name of Robert A. Gunn, M. D., a member of this Association, and a former professor in the United States Medical College of New York City, appears daily in the newspapers of the United States, as recommending the use of a patented preparation sold to the laity, namely: 'Warner's Safe Kidney Cure,' to which is attached photograph and autograph signature of the said Robert A. Gunn, M. D.; and

"WHEREAS, Complaint has been made, yet Dr. Gunn has taken no steps to prevent the use of his name in said advertisement; and

"WHEREAS, Such action on his part is unprofessional and wholly at variance with the Constitution that governs the National Eclectic Medical Association;

"I do hereby prefer charges of unprofessional conduct against the said Robert A. Gunn, M. D., and ask that he be called to an account, and show cause why he should not be dealt with by the Association, and he be allowed to be a party advertising to the public preparations for the cure of diseases that does not only reflect discredit upon his fellow-colleagues, but works to the disadvantage of the medical profession.

"I ask that Dr. Gunn be tried by the Association at the earliest time allowed by our By-Laws, Article III., Section 1.

(Signed) HENRY WOHLGEMUTH, M. D."

DR. THOMAS' ACCUSATION.

CINCINNATI, OHIO, May 14th, 1895.

ALEXANDER WILDER, M. D., Secretary National Eclectic Medical Association:

Dear Sir:—I hereby notify you that I have preferred charges against Robert A. Gunn, M. D., a member of the National Eclectic Medical Association.

"I charge him with violating Section III, of Article IV, of the By-Laws. I charge that he has commended a proprietary medicine which is advertised to the public, namely: Warner's Safe Cure, and that the Company making such preparation use the following testimonial in the advertisements, in the daily and weekly papers of the United States:

"Dr. R A. Gunn says: 'After using all other remedies for Bright's Disease of the Kidneys, in vain, I directed the use of Warner's Safe Cure, and was greatly surprised within a short time to hear the patient express himself as perfectly well.'

"This advertisement has appeared at various times and more specifically in copies of the *Cincinnati Commercial Gazette*, March 22, 1895, *Cincinnati Commercial Gazette*, April 20, 1895, *Cincinnati Post*, April 20, 1895, and on page 18, *Warner's Hand-book of Cooking Receipts* (copyrighted in 1893.)

"I desire that the Association should take some action in this matter, and ask that Dr. Gunn, be either allowed to withdraw his membership, or be expelled from the Association. "Respectfully,

R. L. THOMAS"

DR. ROGERS' ACCUSATION.

BLOOMER WISCONSIN, May 11th, 1895.

"ALEXANDER WILDER, M. D., Secretary National Eclectic Medical Association:

"*Dear Sir:*—I hereby notify you that I have preferred charges against Robert A. Gunn, M. D., a member of the National Eclectic Medical Association.

"I charge him with violating Section III, of Article IV, of the By-laws.

"I charge that he has commended a proprietary medicine which is advertised to the public, namely: Warner's Safe Cure, and that the Company making such preparation use the following testimonial in their advertisement in the daily and weekly papers of the United States:

"Dr. R. A. Gunn says: 'After using all other remedies for Bright's Disease of the Kidneys in vain, I directed the use of Warner's Safe Cure, and was greatly surprised within a short time to hear the patient express himself as perfectly well.'

"This advertisement has appeared at various times, and more specifically in copies of the *New York Herald* during the month of April, 1895.

"I desire that the Society should take some action in this matter, and ask that Dr. Gunn be either allowed to withdraw his membership or be expelled from the Association. Respectfully,

(Signed) E. H. ROGERS."

AUDITING COMMITTEE.

The Treasurer's Annual Report was referred to an Auditing Committee consisting of Doctors Wm. F. Curryer, David Williams and R. L. Thomas.

On motion of Alex. Wilder, M. D.:

Resolved, That J. G. Johnson, M. D., of Massachusetts, for fourteen years a member of the National Eclectic Medical Association, be henceforth exempted from the payment of annual dues.

H. G. Gabel, M. D., of Illinois, presented the following resolutions:

Resolved. That all physicians, not yet members of a State Society, shall be eligible to membership in the National Eclectic Medical Association, provided that they agree to become members of their State Society at the next annual meeting thereof.

And be it further

Resolved, That all who shall be elected under this resolution must be dropped from membership if they fail to furnish the Secretary on or before the next regular meeting a certificate of Membership in their respective State Societies.

On motion of G. W. Boskowitz, M. D., of New York the resolution was laid on the table.

The holding of Sections was announced as the next order of business. Sections A and B were called without response. Sub-Section I of Section C was next called.

SECTION C.

SUB-SECTION I. *Surgery, Operative and Minor.* Chairman, John Tascher, M. D.; Vice-Chairman, John V. Cosford, M. D.; Secretary, A. P. Hauss, M. D.

The Sub-Section was duly formed, E. J. Farnum, M. D., of Illinois, acting as Chairman, and A. W. Smith, M. D., as Secretary.

Several papers were presented and duly considered.

The business having been thus completed, the Sub-Section rose and reported.

COMMITTEE ON CREDENTIALS.

The Committee on Credentials made a report, recommending the several candidates for membership as proposed by the several auxiliary Societies and Associations, as follows:

From the CONNECTICUT *Eclectic Medical Association.*— Doctors S. B. Munn, C. A. Faber, James T. Tonks, Henry Cenichn, C. W. Fitch, G. M. Burroughs, Frank B. Converse, T. S. Hodge, LeRoy A. Smith, E. G. Smith, Alexander Wilder, Edwin M. Case, F. A. Bucklyn.

From the GEORGIA *Eclectic Medical Society.*—Doctors W. O. Durham, of Maxey's; S. T. Whitaker, of Molena; J. Harvey Moore, of Atlanta; M. K. Phillips, of Bremen; W. N. Robertson, of Rehoboth, M. T. Salter, of Atlanta; L. P. Downs, of Monticello; Thomas J. Gibson, of Cara; T. J. Collins, of McKibben; W. S. Wilson, of Maysville; A. F. White of Florilla; J. D. Williams, of Tallapoosa; J. R. Perry, of Calhoun; John F. Harris, of Atlanta; G. Hathcock, of Belton; H. H. Hampton, of Five Forks.

From the ILLINOIS *State Eclectic Medical Society.*—Doctors C. H. Francis, of Lake Forest; S. B. Bowerman, of Leaf River; Horace Spencer, of Plainfield; J. B. Davis, of Camden; G. W. McFatrich, of Chicago; O. D. Simmons, of Bondville; Charles Woodward, of Aurora; Annie L. Zorger, of Weldon; F. E. Graves, of Hinkley; J. W. Parmely, of Rock; L. P. Keith, of Congerville; F. A. Winslow, of Chicago; Thomas J. Exton, of Armstrong; Howard Burns, of Carrollton; Geo. R. Shafer, of Morton; William H. Smith, of Benton; A. H. McLaughlin, of Aurora; J. W. Petrie, of Nilwood; J. F. Paulin, of Chicago; W. R. J. Korb, of Chicago; M. E. Eastman, of Chicago; E. J. Vaill, of Chicago.

From the IOWA *State Eclectic Medical Association.*—Doctors J. H. Kenn, of Palmyra; J. W. Osborn, of Dyersville; M. M. Maples, of Des Moines.

From the MASSACHUSETTS *Eclectic Medical Society.*—Doctors Nathan L. Allen, of Boston; P. S. W. Geddes, of Winchendon; Wm. B. Russell, of Providence, (R. I.); William A. Perrins, of Boston; Pitts Edwin Howes, of Boston; E. E. Spencer, of Cambridge; F. Wallace Abbott, of Taunton; E. A. Allen, of Randolph; Albert E. Caiger, of Boston; Darius L. Powe, of Providence, (R. I.); J. G. Johnson, of Wellfleet; Robert A. Reid, of Newton.

From the Eclectic Medical Society of the State of NEW YORK.—Doctors Geo. W. Thompson, of 233 East 32d St., New York City; Harvey Bell, of 251 East 32d St., New York City; S. C. Hardy, of 574 2nd Avenue, New York City; F. A. Carpenter, of 361 W. 23d St., New York City; L. Larzer, of 10 Ten Eyck St., Brooklyn; D. E. Ensign, of McGrawville; A. E. Rega, of Oneida; R. W. Padgham, of Farmer; O. W. Sutton, of Bath; E. L. Downey, of Middleport; W. J. Krausi, 216 E. 17th St. New York City.

From the Eclectic Medical Society of the State of NEW JERSEY.—Doctors George Meeker; A. T. Nivison; D. P. Borden; E. I. Church; M. Drosner; N. R. Martin; A. W. Taft; G. E. Potter; A. Wilder.

From the OHIO *State Eclectic Medical Association.*—Doctors J. S. McClelland, of Sandusky; Edwin Scott, of Toledo: F. W. Schneerer, of Norwalk; A. S. McKitrick, of Kenton; J. H. McElHinney and F. E. McElHinney, of New London; John R. Spencer, of Cincinnati; W. K Mock, of Cleveland; Bishop McMillan, of Columbus; W. L. Van Horn, of Findlay; Lyman Watkins, of Cincinnati; W. H. Wagstaff, of North Lewisburgh; J. D. Southward, of Carey; R. W. VanHorn, of Findlay; B. K. Jones, of Kenton; David Williams and F. O Williams, of Columbus; L. A. Perce, of Bucyrus; J. P. Dice, of Xenia; E. M. Ilgenfritz, of Youngstown; S. Schiller, of North Lima.

From the OREGON *State Eclectic Medical Association.*—Doctors G. W. McConnell, of Newburgh; Emil Kirschgessner, of Medford; Hershel E. Curry, of Baker City.

From the PENNSYLVANIA *State Eclectic Medical Association.*—Doctors C. M. Ewing; Henry B. Piper, of Tyrone; J. H. Hazen, of Dempseytown: G. D. Kughler, of Greenville; J. L. Acomb, of Tidioute; J. A. Monroe, of West Alexander.

From the VERMONT *Eclectic Medical Society.*—Doctors H. H. Hill, of Lowell; H. E. Templeton, of Montpelier; W. F. Templeton, of Manchester, (N. H.); John T. Simpson, of Boston, (Mass.); J. W. Marsh, of Manchester Centre.

From the Eclectic Medical Association of WEST VIRGINIA.—Doctors W. A. J. Brown, of Davis; F. P. Beaumont, of New Cumberland.

From the CINCINNATI *Eclectic Medical Society in Ohio.*—George W. Brown, M. D., of Newport, Ky.; William E. Crismore, M. D., of Helena, Ohio.

From the Eclectic Medical Institute.—John K. Scudder, M. D.

REJECTED.

The name of Dr. Hill Dickinson, of Connecticut was reported unfavorably; also the name of Dr. L. M. Bickmore, of Cincinnati, nominated by the American Eclectic Medical College, and by the Vermont State Eclectic Medical Society.

The names of the several candidates who had been duly recommended for membership, having been posted for general scrutiny, the vote was taken and all of them declared to be duly elected.

It was then voted to adjourn to meet at the Grand Army Hall, at eight o'clock, where a reception by the Wisconsin State Eclectic Medical Society was tendered, and to convene for business as usual at the Fountain Spring House in the morning.

FIRST DAY.—Evening Session.

The Association met at Grand Army Hall, pursuant to adjournment, where a collation was given the Association by the Wisconsin State Eclectic Medical Society. About three hundred people sat down, among them many citizens of Waukesha.

George Covert, M. D., gave a welcome address in behalf of the Wisconsin State Eclectic Medical Society. (Schedule B.) Mayor Buckes, of Waukesha, gave the address of welcome on behalf of the citizens of Waukesha. (Schedule C.) These addresses of welcome were responded to by the President, Vincent A. Baker M. D. (Schedule D.)

President Baker then gave his public address. (Schedule E.)

The collation was followed by several toasts, responded to by prominent members and others; George Covert, M. D., acting as Toast Master.

SECOND DAY.—Morning Session.

The Association convened, pursuant to adjournment, at eight o'clock in the morning, June 19, 1895.

Prayer was offered by R. L. Thomas, M. D., of Ohio.

The journal of the session of the day preceding was read, amended and adopted.

CASE OF DR. GUNN.

Dr. Stratford, from the Committee on Grievances, to whom had been referred the several charges against Robert A. Gunn, M. D. presented the following report:

"Fountain Spring House, Waukesha, Wis., June 18, 1895.

"*To the Officers and Members of the National Eclectic Medical Association:*

"We, the members of your Committee on Grievances, beg leave to make the following report:

"Having carefully examined the evidence, and heard the arguments by the prosecution and defense in the case of R. A. Gunn, M. D., charged with violating Article IV., Section 3, of the By-Laws of this Association, we find that the weight of evidence produced by the prosecution, as well as by his own sworn statement, is against him. While we regret the necessity of reporting against one for whom we have the kindliest personal feeling, and who is unfortunate in having placed himself in a compromising

position, and claims to be unable to extricate himself therefrom, we believe that the good of the Eclectic cause demands that he be expelled from membership in the Association.

"All of which is most respectfully submitted.

(Signed) "H. K. STRATFORD, M. D.
"S. M. SHERMAN, M. D.
"J. H. ALEXANDER, M. D.
"O. S. COFFIN, M. D.
"E. H. CARTER, M. D."

DR. GUNN'S DEFENSE.

The Committee also submitted the reply of Dr. Gunn to the charges, under the head of "Exhibit A."

"*To the National Eclectic Medical Association:*

"MR. PRESIDENT AND FELLOW-MEMBERS: In answer to the charges preferred against me by Doctors Wohlgemuth, Thomas and Rogers, I beg leave to submit the following statement and argument:

"Over thirteen years ago I wrote a letter recommending a certain proprietary medicine, with full knowledge of its composition, and with undisputable evidence of its value in the disease for which I recommended it.

"Charges based on this recommendation were preferred against me before the National Eclectic Medical Association in 1884, and the same were referred to a Committee on Grievances, consisting of Doctors J. M. Scudder, H. B. Piper, J. R. Duncan, G. H. Merkel and J. M Duncan.

"I appeared before that Committee and made a full statement of how I first came to use the said remedy, and how I gave a recommendation, with the understanding that it was to be used in a circular letter, to be sent to persons inquiring about it.

"After a full hearing the Committee presented the following report:

"'Also in the case of R. A. Gunn, after carefully examining the case and hearing Professor Gunn's statement, your Committee failed to find sufficient ground for sustaining the charges, and, therefore, ask for his acquittal.—H. B. PIPER, Secretary."

"The Association adopted this report at once, and I afterward took active part in the proceedings without prejudice or disqualification; but before the final adjournment I resigned for reasons in no way connected with the charges. (See Vol. XII. of Transactions of N. E. M. Assn., 1884-5.)

"During the winter of 1891-2 the advertisements were revived after a lapse of ten years by a company who bought out the original proprietor of the medicine, and portions of my old letter were used in such advertisements.

"At this time a person called at my office to ask me about the remedy, and said he had a friend who wished to take it; and seeing my recommendation he came to ask if it was genuine. I told him frankly my experience with it, and at his request I gave him the names of several persons who had used it on my recommendation. This interview was afterward published, in part, in the *N. Y. Press*, without my knowledge or consent.

"I have not now, and never had anything to do with the publishing of these advertisements. I never furnished a photograph or picture of myself, and never authorized the publication of such picture; and, as a matter of fact, that used by said company is in no way a likeness of me.

"I do not now receive, nor have I ever received, any benefit or remuner ation, either directly or indirectly, from the company that manufactures said medicine, or from anyone connected with it.

"I simply acted impulsively on my convictions, based on experience in recommending said remedy; and though I have prescribed it in individual cases, I have not added or given any other testimonial than that of thirteen years ago, and what I supposed I was giving to a patient seeking advice.

"I have even consulted a lawyer with the view of having the use of my name stopped, and he learned that unless I would swear that my former testimonial was false, and that the remedy was worthless, it would do more harm than good to have recourse to the courts.

"I would be made to testify under oath that I had used the remedy with good results, and that it did what I said in my previous letter.

"They could then abandon my former recommendation and publish the court proceedings as an advertisement. Under these circumstances I was advised to let the matter rest.

"These are the facts, and I rest my case upon them.

"ROBERT A. GUNN."

Subscribed and sworn to before me, in the Citv of New York, this 14th day of June, 1895.

[SEAL] W.. WILLIAM BABCOCK,
Notary Public, New Jersey.

"With the foregoing facts before you, I desire to point out why these charges should be dismissed.

"1. In prescribing this remedy, which I knew had cured a friend whom I thought was incurable, I exercised a right as laid down in the Preamble to the Constitution of this Association, which reads as follows: 'The right of doing good transcends all statutory and other enactments,' etc. (See p. 5, of Vol. XII., of *Transactions*.) I was doing good by a remedy that I knew would, and, as a matter of fact, did cure my patient; and in so doing I was truly Eclectic.

"2. Having given a recommendation for a proprietary medicine in 1882, and having been charged, tried and acquitted of any wrong doing in the matter, I cannot, under all rules of common law, be tried again for the same offense.

"3. The By-Law under which I am now accused (Article IV., Section 3,) was passed after I had been charged and acquitted; and consequently cannot apply to any act of mine prior to its adoption.

"4. In 1890 I was recommended for membership in this Association by three Auxiliary Societies to which I belonged. My credentials were passed on by the Committee, and was not only re-elected to membership, but restored to my original membership of 1870 without a dissenting voice. This action of itself makes it impossible for this Association to go back of 1890 in raking up charges against me to satisfy the personal spite and jealousy of a few narrow-minded men.

"5. This Association was incorporated by special act of the Legislature of the State of New York, passed May 27, 1871, and I was one of the incorporators. It is subject to certain legal restrictions, and its members have such legal rights as a citizen possesses under the Common Law. Should these absurd charges be sustained, I would have the unlawful action set aside by the courts, and the Association would have to suffer for the narrowness and venom of the few. On this matter I have had the opinion of one of the ablest lawyers in New York; and if I acted on his advice now, I could put this Association to great expense, and prevent it from interfering with me in any way. I, however, prefer to await results, as I have faith that the '*bone and sinew*' of its membership will stand by the right.

"6. This action against me is the result of a conspiracy originating with certain parties in Chicago and Cincinnati, who do not scruple to violate Article III., of the By-Laws, so long as they can vent their spite on me. Drs. Thomas and Rogers, though living at remote distances from each other, have worded their charges exactly alike, thus showing their common origin. Dr. Thomas, who has been a member for two years, and Dr. Rogers, for one year, must be deeply interested in, or greatly injured, by my action. As for Dr. Wohlgemuth, I would ask him who prompted him to prefer the charges against me, and if he has not himself lived in a glass house.

"7. If I am guilty, why not make a clean sweep and bring to book all who have violated the By-Laws? Dr. Ellingwood advertises and puffs Paskola and Syrup of Figs in the *Chicago Medical Times*, for dollars and cents; and both have been and still are advertised to the public; and are to-day being advertised on fences and rocks all over the country.

"Listerine is advertised to the public and sold at every cheap dry-goods house in all the large cities. The same is true of Horsford's Acid Phosphate, Sanmetto, Amick's Consumption Cure, and a host of other remedies. They are all advertised and sold to the public, and yet all our medical journals are paid for advertising and recommending them.

"Dr. J. M. Scudder made "Specific Medicines" proprietary by copyrighting a label, and has for years, made the Eclectics of the country pay a tax of from 25 to 75 per cent. more than the Wm. S. Merrell's Standard Preparations cost, which went into his pocket and now goes to his heirs. This was done under the pretense that his endorsement of a remedy guaranteed its quality, while, as a matter of fact, he knew nothing about the remedies bearing his labels, and never had experience with drugs to qualify him to pass upon them. Yet this extortion has gone and still goes unnoticed and unrebuked, while I am accused of unprofessional conduct for having recommended a single remedy for a single disease thirteen years ago.

"The late Dr. R. S. Newton, and Dr. Geo. W. Boskowitz recommended Brandreth's Pills, which are advertised to the public.

"Lloyd Brothers issue two cheap pamphlets for general distribution, (one called Woman and her Woes, and the other, Gonorrhœa in Males) which are designed to sell their proprietary (Specific) medicines to the public.

Who is responsible for these pamphlets, if not those who have a pecuniary interest in the sale of the remedies? If, as claimed, they are intended for the use of the profession, they are a barefaced insult to our intelligence; for they do not compare favorably with the literature of the ignorant advertising quack. I append copies of these pamphlets marked No. 1 and No. 2 which were received through the mails by a patient of mine.

"I know members of this association, who buy the remedy I recommended by the dozen and supply it to their patients as their own at a greatly increased price; and that they admit the good results, but take all the credit to themselves.

"Again there are thirty or more members of this Association who are regularly engaged in advertising themselves or their own proprietary medicines to the public; and yet, no charges are preferred against them.

"Why do all these offenders go free, while I alone am accused? Dr. Ellingwood expressed the animus of the whole matter when he said:

"'If Dr. Gunn was a man of no influence, there would be less excuse for his expulsion.' It is here where the shoe pinches. I have used my influence against tricksters and those who would

use the Association to further their own selfish ends, and shall continue to do so, as they well know. I have been outspoken in debate and maintained my opinions by undeniable proofs which destroyed the theories of some who wished to be considered the authority. Therefore, to get rid of Gunn seems to be the aim and purpose of a few who are too narrow to grasp a principle, who are Eclectic from some chance, and not from conviction, who never did anything for this Association or the cause of Liberal Medicine, and yet wish to control it.

"Even admitting that I had done wrong or even injured this Association to some extent, I would ask this Honorable Body, if, in view of my sworn statement, and all the circumstances of the case, the clamor of the few should prevail, am I not entitled to some consideration for what I have done for the cause of Liberal Medicine in the past?

"For two years and a half I was Secretary of the Faculty of *Bennett Medical College*, and conducted all its correspondence and transacted all the business relating to the working of the College during that time and gave my time and labor freely without the hope of fee or reward: I secured dissecting material when every one else failed, and I worked for three sessions in the Dissecting Room, besides filling my own Chair and supplying vacancies when other Professors were absent. I edited and published the *Chicago Medical Times* for two years; and though it was started as a College organ to which all promised to contribute, I paid the expenses when no one else would contribute a dollar.

"After two years I turned it over to the Faculty and was to receive $500, but only got $300 of the amount. Had it not been for my money and my labor the *Times* would probably never have been started.

"I was the Secretary of the Local Committee in Chicago for arranging for the first meeting of the National (Convention) in 1870, and I conducted all the correspondence, and did practically all the work of preparing for that meeting.

"I was Secretary of the (National Eclectic Medical) Association for the first five years of its existence; and no one but a secretary of a national organization knows what work must be done to keep such an Association going, especially in the early years of its existence. All this work I did without money and without price.

"I served under Presidents Johnson, Duncan, Miles (two years) and Ingalls, and had the commendation of all; while Doctors Duncan and Miles, who are still living, are among my warm personal friends to-day.

"Of those who joined the Association during my term of office,

twenty-five are still members, and of these, seventeen became members in 1870; twenty-three of this number are still my friends and would vote for me if present. Of the members now in good standing, over 240 are my personal friends, and thirteen of these have served as President, and these are the persons who have known me for years.

"Of my other efforts in behalf of Liberal Medicine I will not speak. Suffice it to say, that for twenty-seven years I have fought for eclecticism; and on several occasions I prevented medical legislation in New York State that would have discriminated against the Eclectic School. I have never either directly or indirectly received one dollar compensation for my work, or made a dollar out of the profession. On the contrary, I have always been out of pocket, and have always contributed more than my share when called upon. I have ever stood ready to help brother Eclectics out of trouble, and have often gone hundreds of miles, and spent days at a time, to help defend them against the persecutions of their rivals. For all this I have been maligned, persecuted and misrepresented, till I have sometimes thought that it was a mistake to stand up for a principle, or even to advocate the cause of a friend.

"I have finished. This is my case. I have stated the full extent of my offending, and I cannot but feel that I have been 'more sinned against than sinning.' I now leave the matter in the hands of this Association, and I have such abiding faith in the honesty, integrity and intelligence of my peers in this body, who know what it is to fight for liberty of thought and action, that I am sure they will not say that I have intentionally been guilty of conduct unbecoming a gentleman and a physician.

"Respectfully submitted, ROBERT A. GUNN.

"151 West 82d Street, New York City, N. Y."

DR. GUNN EXPELLED.

The President put the question upon the reception and acceptance of the report of the Committee on Grievances, recommending the expulsion of R. A. Gunn, M. D., from membership, and declared it adopted.

J. K. Scudder, M. D., of Ohio, offered a resolution verbally that Robert A. Gunn, M. D., be hereby expelled from membership of the National Eclectic Medical Association.

The President put the motion and declared it adopted.

A motion to reconsider the vote thus taken was made and lost.

The Credentials of delegates from the Eclectic Medical Society of Missouri were presented and referred to the Committee on Credentials.

COMMITTEE ON INFORMATION.

On motion of Dr. L. E. Russel, of Ohio,

Resolved, That a committee of three be appointed annually by the incoming President on assuming the Chair, whose duty it shall be to procure evidence against any member of the Association who, unprofessionally and bombastically advertises himself or otherwise brings discredit upon the Association. Said Committee shall, from time to time, make reports to the President of the Association.

Credentials from the KANSAS *Eclectic Medical Association*, and from the WISCONSIN *Eclectic Medical Society* were presented and duly referred.

The President announced the next order of business to be the holding of Sections.

Sub-Section 2 of Section C, was called and held.

SECTION C.

SUB-SECTION 2. *Surgery of Joints, Idiopathic and Traumatic.* Chairman, Edwin Freeman, M. D.; Vice-Chairman, G. W. Boskowitz, M. D.; Secretary, Daniel Maclean, M. D.

After the reading of a paper by the Chairman and the transaction of other business, the Section rose and the papers were duly delivered to the Secretary.

The Committee on Credentials submitted a report recommending candidates for membership, as follows.

From the KANSAS *Eclectic Medical Association*.—Doctors P. C. Gress, of Atchison; E. G. Locke, of Holton; L. H. DeMarr, of Sabatha; W. H. Harris, of Kiowa; J. J. Entz, of Hillsboro; J. B. Ellis, of Carbondale; D. F. Long, of Topeka; J. W. Page, of Ellis; A. J. Currie, of Glasgow, Scotland.

From the *Eclectic Medical Society of* TENNESSEE.—Doctor T. E. Halbert, of Nashville.

From the WISCONSIN *State Eclectic Medical Association*.—Doctors Frank O. Hunt, of Fall River; Ransom W. Edden, of Janesville; Granville R. Norris and H. H. Norris, of Rio; James Lawn, of Wyoceno; Elmer Hoffman, of North Prairie, Bruno G. Jurgensohn, of Manawa; Albert Thompson, of Beloit; Charles W. Rodecker, of Wonewoc; F. A. Rice, of Hebron; G. B. Miner.

The names were not posted as directed, but the vote was taken at once upon the accepting of the report, and the candidates were duly elected.

TREASURER'S REPORT AUDITED.

The Committee appointed to audit the Treasurer's Annual Report, reported the work done, and that they had found the Report correct as given by the Treasurer.

COMMITTEE ON COLLEGES.

The President announced the Committee on the Affairs of Medical Colleges to consist of Doctors Henry Wohlgemuth, Edwin Younkin, C. W. Rodecker, W. T. Gemmill, J. K. Scudder.

This Committee submitted the following reports upon the application of the American Eclectic Medical College of Cincinnati, the Medical Department of Cotner University, and other matters under consideration:

FOUNTAIN SPRING HOUSE, Waukesha, June 19, 1895.

"At the meeting of the Committee on Medical Colleges, present, Dr. Wohlgemuth, of Illinois, Chairman; Dr. J. K. Scudder, of Ohio, Secretary; Dr. Younkin, of Missouri; Dr. Rodecker, of Wisconsin; Dr. Gemmill, of Ohio.

"The following resolutions were adopted:

"*Resolved,* That the application of the American Eclectic Medical College of Cincinnati, Ohio, be not admitted on the ground that none of the Faculty holds membership in the National Medical Association, and that the application is irregular.

"*Resolved,* That it is the sense of this Committee that hereafter any medical college asking for recognition here, that the Faculty, in whole or in part, shall be recognized as in good standing.

"*Resolved,* That the Secretary of this Committee be instructed to communicate to the Medical Department of the Cotner University that their year of probation has expired, and we ask that they now show that their College has the proper facilities and qualifications for teaching Eclectic Medicine.

(Signed) H. WOHLGEMUTH, M. D.
E. YOUNKIN, M. D.
W. E. GEMMILL, M. D.
J. K. SCUDDER, M. D.
C. W. RODECKER, M. D.

"*Be it resolved,* That the Confederation of Eclectic Medical Colleges of the United States, auxiliary to this National Eclectic Medical Association, be

required to make Annual Reports of the standings in so far as the requirements under the laws are connected, to this National Association for its information.

(Signed) "H. WOHLGEMUTH, M. D.
"E. YOUNKIN, M. D.
"W. E. GEMMILL, M. D.
"C. W. RODECKER, M. D.
"J. K. SCUDDER, M. D."

E. Younkin, M. D., moved that Dr. Bickmore, of the American Eclectic Medical College of Cincinnati, Ohio, be permitted to address the Association.

The President put the question and declared it to be adopted.

Dr. Bickmore then asked permission to withdraw the application of the American Eclectic Medical College of Cincinnati, for admission to the membership of medical colleges recognized by the National Eclectic Medical Association.

The Secretary read the names of members delinquent for two and three years in payment of annual dues.

The Association took a recess till two o'clock P. M.

SECOND DAY.—AFTERNOON SESSION.

The Association convened pursuant to order.

The order of business was announced to be holding of Sections. Several Sections were called without response. Sub-Section one of Section D was held.

SECTION D.

SUB-SECTION I. *Ophthalmology and Otology.* Chairman, Crawford E. Phillips, M. D.; Vice-Chairman, W. Byrd Scudder, M. D.; Secretary, W. P. Biles, M. D.

E. H. Carter, M. D., of Iowa, presided. A paper by Charles Band, M. D., of Nebraska, entitled "An Experience with Amaurosis" was read by A. Wilder, M. D.. Another on "Chronic Discharges from the Ear," was also submitted.

The business of the Sub-Section having been concluded, the session was closed and the papers were duly delivered to the the Secretary of the Association.

The Section of Materia Medica and Pharmacy held a session.

SECTION A.

Materia Medica and Pharmacy. Chairman, H. K. Whitford, M. D.; Vice-Chairman, Eugene E. Bronson, M. D.; Secretary, John V. Stevens, M. D.

Dr. Whitford the Chairman being absent, E. E. Bronson, M. D., Vice-Chairman took the chair. J. V. Stevens, M. D., the Secretary of the Section, was also present.

The paper of John Fearn, M. D., of California, entitled "The Epidemic Remedy," was read by the Secretary.

C. W. Rodecker, M. D., of Wisconsin, presented a paper on "Passiflora" which gave rise to a general discussion, in which Doctors Mundy, Stevens, Ellingwood, Sherman, Miner, Baker, Bronson and Gemmill participated.

Papers were also read from L. O. Goetchius, M. D., upon "The Saratoga Waters," and from W. R. Hayden, M. D., of Massachusetts, on "Better Pharmacy."

The Section then rose, and the report of the Session and papers received were delivered to the Secretary of the National Association.

Section B was also called and responded.

SECTION B.

Theory and Practice of Medicine. Chairman, C. Edson Covey, M. D.; Vice-Chairman, William Bell, M. D.; Secretary, George Covert, M. D.

The following papers were delivered from the Section: "Typhoid Fever," by J. K. Perry, M. D., of Georgia. "Infantile Syphilis, by E. T. Gauvreau, M. D., of Wisconsin. "Diseases Prevalent in Washington," by W. M. Smith, M. D., of Washington, D. C.

SECTION E.

The officers of this Section not being present, a paper by G. W. King, M. D., of New York, was presented, entitled "The Vagina Injector."

Section F was then called.

SECTION F.

Physiology and Physical Science. Chairman, Alexander Wilder, M. D.; Vice-Chairman, E. Clifton Beem, M. D.; Secretary, A. B. Woodward, M. D.

The Chairman explained that he had not prepared a paper, but could deliver a discourse orally as, however, others had not responded he would not hold a meeting of the Section, but if necessary would prepare his matter at a subsequent period.

SECTION G.

Public Hygiene and Medical Jurisprudence. Chairman, Frederick Wallace Abbott, M. D.; Vice-Chairman, S. B. Munn, M. D.; Secretary, John Lamoreaux, M. D.

The officers of Section G not being present, no Session was held. A paper on "Preventive Medicine," by P. E. Howes, M. D., was announced for the next morning.

SECTION H.

Nervous Systems, General and Electric Therapeutics. Chairman, Finley Ellingwood, M. D.; Vice-Chairman, C. E. Pickerill, M. D.; Secretary, H. P. Evarts, M. D.

Section H was called and a Session held, being called to order by the Chairman. After remarks by the Presiding Officer several papers were presented. The Section then rose.

The Association took a recess 'till half past seven o'clock in the evening.

SECOND DAY.—Evening Session.

The meeting was called to order at eight o'clock. The order of the evening was explained to be the discussion of the resolutions published in the announcement of the present Annual meeting, namely:

RESOLUTIONS FOR DISCUSSION.

Alexander Wilder, John V. Stevens and William F. Gemmil, *ad referendum.*

I. *Resolved,* That the present method of educating children at home and at school is faulty and needs to be reformed.

James Surman,	E. M. Hoover,
S. B. Munn.	H. J. Hampton.
Affirmative.	*Negative*

II. *Resolved,* That alcoholic stimulants are inferior to coffee, milk and prepared liquid foods in low forms of fever, and in critical and collapsed cases generally.

I. J. M. Goss,	W. E. Kinnett,
H. T. Webster.	G. W. Johnson.
Affirmative.	*Negative.*

III. *Resolved,* That a law forbidding the sale of cigars and cigarettes to minors should be enacted and enforced.

W. F. Curryer,	L. T. Branch.
George Covert.	J. C. Butcher.
Affirmative.	*Negative.*

IV. *Resolved,* That the present method of Medical Examining Boards is not in accord with the spirit of American freedom and progress; that it partakes too deeply of the genius of favoritism, paternal government, and mediæval ecclesiasticism and should be reformed in its procedures or abolished outright.

E. B. Foote,	A. L. Clark,
R. A. Hasbrouck.	E. Younkin.
Affirmative.	*Negative.*

No disputants appeared to discuss the first and second resolutions. The third was debated by Doctors Curryer and Covert only.

W. F. Curryer, M. D., delivered a discourse upon the evils from the use of cigars and cigarettes and advocated stringent legislation to prevent the sale of those articles.

George Covert, M. D , also spoke upon the same side of the question. No one appeared on the negative.

The fourth resolution declaring medical examining boards not to be in accord with the spirit of the age was discussed at length by E. B. Foote, M. D., of New York.

An extended and warm debate ensued in which Doctors Boskowitz, Ellingwood, Gabel, Packer, Howes, Johnson, Rodecker, Younkin and others participated.

Dr. Wilder declined to speak, declaring that he entertained the same views as Wooster Beach, Thomas V. Morrow and John King.

A vote was finally demanded whether the doctrine of Dr. Foote's paper was the sentiment of the Association, and decided in the negative; ayes, 11; noes, 27.

The Association then adjourned.

THIRD DAY.—FINAL SESSION.

The Association convened, pursuant to adjournment, at eight o'clock in the morning, June 20, 1895.

Prayer was offered by R. L. Thomas, M. D., of Ohio.

The journal of Wednesday preceding was read and approved with corrections.

Pursuant to previous arrangements, P. E. Howes, M. D., of Massachusetts, read his paper on Preventive Medicine.

The paper was then referred to the Publishing Committee.

The President announced that the next order of business was the holding of Section I.

SECTION I.

Microscopy, Uronology, Chemistry and Toxicology. Chairman, WARREN L. MARKS, M. D.; Vice Chairman, J. D. Crum, M. D.; Secretary, Martin N. Barber, M. D.

Dr. Marks called the Section to order, and E. E. Bronson, M. D., of Michigan, was chosen Secretary.

The Chairman addressed the Section.

In October, 1894, President Baker notified me of my appointment as Chairman of Section I. In the early spring I wrote and mailed at one time twelve letters, each with a stamp enclosed, to as many prominent eclectics, asking them to write a paper on one of the subjects comprising my Section. Out of the twelve letters five answers were received. Three promised papers, one declined on the ground that he thought it would be in questionable taste, as he was not a member of a State or National Association. One declined on account of not being in sympathy with the management of the National for the past few years.

Four more letters were written, with a stamp and addressed envelope enclosed. One reply was received stating that he had promised all the papers he could possibly write.

Two more letters were sent out, resulting in one reply, declining for the same reason as the last one.

Thus eighteen letters were written from which only seven replies were received.

This is a sad commentary on the fraternal efficiency of the members of this Association; and if I should ever again have charge of a Section, I would appeal to good eclectics outside of this Association for help. No good eclectic should be barred from writing papers for the use of eclectics generally, because they are not members of this society.

A resolution to that end by this Association should be promulgated.

Of the three favorable answers received, one was from J. L. Ingram, M. D., promising a paper on microscopy; but three months later he wrote that owing to poor health he could not write the promised article.

J. U. Lloyd, M. D., promised a paper or talk on Chemistry, and E. M. Manwarren on Prognosis and Treatment of Bright's Disease.

A letter was also addressed to the Secretary of this section, but no reply was received.

In conclusion, I wish to express the hope that hereafter, any member of this Association who may receive a request for anything that would likely result in common good for eclectics, will at least deign a courteous reply.

Papers were read from Doctors Manwarren and Edgar Cole, on Albuminuria. The Section then rose.

A motion was made verbally and adopted that all the papers prepared for the present meeting of the Association be referred to the Publishing Committee.

DEBT.

E. B. Packer, M. D., of Kansas offered the following preamble and resolution.

WHEREAS the Auditing Committee of the National Eclectic Medical Association have reported that this Association is now one thousand and three dollars in debt. Therefore,

Resolved, That the Treasurer of this National Eclectic Medical Association be instructed to charge to the account of each member an amount *pro rata* that will liquidate the deficiency of $1,000, now existing; provided that this resolution shall not apply to members joining at this session.

On motion the preamble and resolution were laid upon the table.

The list of members in arrears was read.

The president announced the next order of business to be the forming of the Electoral Committee, as directed by the Sixth Article of the By-Laws.

A brief recess was taken, and upon again assembling, the Secretary called the roll of States, and the members of the Committee were duly announced as follows:

Georgia—George W. Delbridge, M. D., H. H. Hampton, M. D.

Illinois—F. E. Thornton, M. D., E. J. Farnum, M. D., G. R. Shafer, M. D.

Indiana—W. F. Curryer, M. D., O. S. Coffin, M. D.

Iowa—E. H. Carter, M. D., Thomas Garth, M. D.

Kansas—D. F. Long, M. D., E. B. Packer. M. D.

Kentucky—George T. Fuller, M. D., Geo. W. Brown, M. D.

Massachusetts—Pitts E. Howes, M. D.

Missouri—E. Younkin, M. D.

New Jersey—Alexander Wilder, M. D.

New York—G. W. Boskowitz, M. D., E. B. Foote, M. D.

Ohio—R. L. Thomas, M. D., T. Williams, M. D.

Oregon—H. E. Currey, M. D.

Pennsylvania—C. M. Ewing, M. D., J. L. Acomb, M. D.

Tennessee—T. E. Halbert, M. D.

Texas—G. W. Johnson, M. D.

West Virginia—J. A. Monroe, M. D.

Wisconsin—George Covert, M. D., C. W. Rodecker, M. D.

The credentials of E. Younkin, M. D., as authorized to cast the vote of Arkansas, were presented, and permission refused.

J. A. Monroe, although a resident of Pennsylvania, was authorized to vote for West Virginia, he being a member also of the Association of that State.

The Electoral Committee retired to elect the officers of the National Eclectic Medical Association for the next year.

After a brief recess, the President in the Chair, J. K. Scudder, M. D., of Ohio, was chosen temporary Secretary.

A. W. Smith, M. D., of Illinois, offered the following resolution:

Resolved, That, this Association place itself on record as favoring as high a standard of education as may be adopted by any of the Medical Associations of this country, or as advocated by the Committee of Ten.

Dr. W. E. Bloyer, M. D., submitted a paper by title, upon Dictionary Definitions of Eclectic Medicine.

W. N. Mundy, M. D., of Ohio, read a paper entitled, "What is Eclecticism?" On motion it was referred to the Publishing Committee.

The Special Committee appointed at the last Annual Meeting to report a paper on the Best Methods of Promoting Eclecticism, submitted their report.

RESOLUTIONS.

Alexander Wilder, M. D., offered the following resolutions:

Resolved, That, to the Medical Fraternity of Waukesha, we most cordially extend our right hand of friendly recognition; that we are profoundly sensible of their generous action in welcoming our presence here, and bestowing upon us numerous courtesies and tokens of friendly regard as brethren and members of a noble and sacred calling; hoping that as we have received, we may have opportunity to reciprocate.

Resolved, That, the thanks of this Association are due to the Mayor, the medical fraternity and citizens of Waukesha, for their hospitality and their courtesy in placing the freedom of the city and its most precious natural resources at our disposal during our sojourn with them.

Resolved, That, to the proprietors, managers and others employed at the Fountain Spring House, we render the grateful acknowledgments of the National Eclectic Medical Association, for their courtesies to us as guests, and their generous action in permitting the free use of their parlors for the holding of this, our Twenty-Fifth Annual Meeting, and that in lieu of more substantial recompense, we take our leave of them with abundant good wishes for a prosperous season.

Resolved, That, to the Committee of Arrangements and to the Eclectic Medical Society of Wisconsin, the thanks of this National Eclectic Medical Association are due, for their efforts to render our visit to their State enjoyable, and our meeting successful; and that we cordially acknowledge that in their Reception, they have abundantly shown, that freely as they have received, so did they freely give.

Resolved, That, to Vincent A. Baker, M. D., the grateful acknowledgments of this Association are hereby rendered for this assiduity and fidelity as President of the National Eclectic Medical Association; that we recognize his former service as a teacher of Reformed Medicine, and an advocate of the best interests of the cause, sparing neither himself nor his efforts, and that we heartily wish for him a happy future and abundant prosperity.

The question being taken, the resolutions were adopted without division.

Report of the Electoral Committee.

E. B. Packer, M. D., presented the report of the Electoral Committee.

The Electoral Committee having been called to order, was organized by the election of Geo. W. Johnson, M. D., of Texas, as Chairman and E. B. Packer, M. D., of Kansas, as Secretary.

The Chair ruled that as each State represented in the Commit-

tee was entitled to three votes, that the member or members representing such State be entitled to vote giving three names.

Doctors W. F. Curryer and R. L. Thomas were appointed tellers.

An informal ballot resulted in the casting of 53 votes as follows:—For President, W. E. Bloyer, M. D., 28; J. V. Stevens, M. D., 10; C. W. Rodecker, M. D., 5; G. W. Johnson, M. D., 4; E. J. Farnum, M. D., 2; W. F. Curryer, M. D., 1.

The formal ballot resulted as follows:—W. E. Bloyer, M. D., 37 J. V. Stevens, M. D., 11; C. W. Rodecker, M. D., 2; E. J. Faruum, M. D., 1; Blank, 1.

Dr. Bloyer having received the majority of votes, was declared to have been duly elected President for the ensuing year.

The next ballot taken was for the office of First Vice-President. Owing to irregularity it was set aside, as fifty-six votes had been given, an excess of two. A motion was then adopted that the Secretary cast the entire vote of the Committee for Geo. W. Johnson, M. D., as the other person proposed, Doctors G. W. Delbridge and C. W. Rodecker had declined.

Dr. Johnson was then declared to be duly elected.

The ballot was then taken for the Second Vice-President, with the result as follows:—For H. E. Currey, 42; C. W. Rodecker, 9; J. A. Monroe, 2. Dr. Currey was declared elected.

The election of Third Vice-President being in order, the names of Mary A. Barron, M. D., and H. C. Hinds, M. D., were proposed. Dr. Barron not being a member of the National Eclectic Medical Association was not eligible, and the Secretary of the Electoral Committee was directed to give the entire vote to Dr. Hinds, who was thereupon declared to be duly elected.

The next officer to be elected was Secretary. The ballot was taken and resulted in the casting of 51 votes, of which 27 were given for W. E. Kinnett, M. D., and 24 for Alexander Wilder, M. D.

(Note.—Before the ballot for Secretary was taken, Dr. Wilder addressed the Committee, declaring that he would not be a candidate for the office; he then withdrew from the Committee, leaving New Jersey no longer represented.)

The Chairman declared Dr. Kinnett to be duly chosen Secretary.

The next officer to be chosen being the Corresponding Secretary, the Secretary was directed to cast the ballot of the Committee for E. H. Carter, M. D., of Iowa. The Chairman declared Dr. Carter to be duly elected.

The Secretary was then directed to cast the 54 (51) votes of the Committee for W. T. Gemmill, M. D., of Ohio, for Treasurer.

The Chairman then declared Dr. Gemmill to be duly elected.

The next function of the Electoral Committee was to select the place for the Annual Meeting of the Association in 1896.

The following places were proposed, namely: Dallas, Texas Des Moines, Iowa; San Francisco, California; Put-in-Bay, Ohio; Portland, Oregon.

A ballot was taken, with the following result: For Des Moines, 8; for Portland, 21; for Put-in-Bay, 6; for Dallas, 6. 41 votes cast.

The majority of votes having been given for Portland, Oregon, it was declared the next place of meeting of the National Eclectic Medical Association in 1896.

The Electoral Committee having concluded its business, then adjourned.

E. B. Packer, M. D., moved that the action of the Electoral Committee, fixing the next place of meeting at Portland, be reconsidered.

The objection was made by several that the fixing of the place of meeting was vested in the Electoral Committee by the By-Laws, and might not be changed.

On motion of M. W. Borland, M. D., a resolution was adopted to pay the Secretary four hundred dollars ($400.00), and the expenses of the treasurer.

The President announced the next order of business to be the Installation of the newly elected officers.

Doctors L. E. Russell and R. L. Thomas were appointed a Committee to conduct the new officers to the platform.

The several officers were in turn conducted to the platform and invested with the rank thus conferred, in the following order:—

William E. Bloyer, M. D., of Ohio, President.

George W. Johnson, M. D., of Texas, 1st Vice-President.

Hershel E. Currey, M. D., of Oregon, 2d Vice-President.

William E. Kinnett, M. D., of Illinois, Recording Secretary.

Edwin H. Carter, M. D., of Iowa, Corresponding Secretary.

William T. Gemmill, M. D., of Ohio, Treasurer.

Each officer as introduced by the Committee made a brief address as he accepted his office.

Finley Ellingwood, M. D., of Illinois, offered the following preamble and resolutions:—

Whereas, Our retiring Secretary, Alexander Wilder, M. D., has served this Association for Twenty-three (19) consecutive years, with faithfulness and with the respect of the Eclectic Physicians of the United States; And

Whereas, in the course of the politics of this Society a successor has been elected for the first time; Therefore be it

Resolved, That the sincere thanks of this Association be expressed to Dr. Wilder for his faithfulness so many years in this office, with the best of wishes, and the desire that he may continue a faithful and valued member of this Association. And be it further

Resolved, That as an expression of our appreciation and regard, an appropriation be hereby made of two hundred dollars for five years annually from the Treasury of this Association.

The President put the question and declared the preamble and resolutions duly adopted.

The Association then adjourned.

ALEXANDER WILDER, M. D., Secretary.

VINCENT A. BAKER. M. D., President.

PART II.

SCHEDULE A.

ANNUAL ADDRESS

AT THE TWENTY-FIFTH ANNUAL MEETING OF THE NATIONAL ELECTIC MEDICAL ASSOCIATION, AT WAUKESHA, WISCONSIN, JUNE 18TH, 1895.

BY VINCENT ALEXANDER BAKER, *President.*

Fellow-Members, Ladies and Gentlemen:

We live in a land and age peculiarly its own, in a progressive, worrying, pushing, changing age. Our fathers, not even to go back to our forefathers, did not dream of what we are realizing, only in part at least. We almost annihilate space as we traverse the country in elegant cars from city to city. The ingenuity of man has invented and improved upon inventions as those of you who were fortunate enough to visit the marvels on exhibit at the recent World's Fair in Chicago verified, doubtless, in comparing the steam engine that moved the first train of cars from Albany to Schenectady in 1831, speeding about fifteen miles per hour, the Dewitt Clinton, and then turned to view the majestic perfected beauties that move palaces of splendor carrying passengers from New York to Chicago, a distance of 900 miles in eighteen hours.

Improved ocean transit from the old world to the new is no less marvelous comparatively. Now comes to the front promising to outdo and outstrip all this—Electricity—daring us to ride as fast as it can carry us, one hundred, one-hundred and twenty-five, one-hundred and fifty miles per hour. It gives us rapid transit in our cities and towns, it lights our streets and illuminates our dwellings, churches, public halls and places of amusement. Our cooking and heating can be done thereby, and

surgeons and dentists perfect their science and art by it, and the marvels of its application to the telephone and the telegraph are familiar examples of the progress of the age in which we live, not probably even dreamed of by Franklin, as his kite soared aloft to tempt it from the clouds. Dear, brave, original men that Franklin and Watts were. I wished, but vainly wished, as I visited the World's Fair exhibit of steam and electricity that they could be there, and I would have resurrected them if I could, and as successful as some doctors are in raising the dead, I yet realized the futility of my desire. Other changes in the world's advancement has kept pace, measurably, with these just noted, and briefly I will add, among them is the science of healing and the marvels of surgery.

Within the memory of the oldest here the method of treating the sick was as unlike as it is at present, comparatively, as steam appliance and electricity were then as compared to now. Should one of you call upon a doctor of to-day, and he should adopt the practice of half a century back you would think him crazy. Some punster has made an old-timer say of his practice.

> "I puked 'em, I purged 'em and I sweat 'em,
> I blistered 'em and bled 'em
> And then—if they died I let 'em."

And if they had fever or inflammation, they died thirsty, for it was the solemn protest of the doctor that cold water must not be given. You probably all know why cold water was denied in fevers, it would not do to give it because of the large and frequent doses of calomel that were given was more likely to behave badly if the water was allowed. Just here a rebelious spirit was manifest in not tolerating the practice of the day, a spirit that has strode forth like Hamlet's ghost, ever since steadily on, meeting bitter and stubborn opposition and the most shameful persecution, conceivable. But truth is mighty and sometimes, not always, prevails, at least not at once. I am proud, however, to state to you to-night that the marvelous changes and improvement in the treatment of the sick now as compared with then, are as great as the change steam and electricity have made in revolutionizing travel and the arts and sciences. Eclecticism, with becoming modesty, claims pioneer labor and battle array

adown the decades since the reformation commenced. I said with becoming modesty, I desire to add they have been too modest, so full of work in the developing of their splendid materia medica that they have not taken time to halt and explain sufficient for the people's understanding of who they are, and what they are doing. Eclectics, what kind of doctors are they? Ah, that is what we desire everybody to understand. A celebrated statesman (Abraham Lincoln), said of our system of government, "It is of the people, by the people and for the people." So is American Eclecticism, of the people and for the people. When we get sick there is a tendency to recovery without doctors or drugs. The surgeon can adjust the broken bone or the dislocated joint, tie the sundered artery, and cleanse and bring together the gaping wound, direct as to its special care, and leave the rest to nature. "*Vires vitales sustinete*," meaning sustain vital force, is the motto of Eclectics. The Old School motto is *contrarie contraries indicatur*, make one disease to cure another, and on this theory is heroic treatment based. Our Homeopathic friends' motto is, *Similia similibus curantur*, like cures like, or that which will produce a symptom or train of symptoms in the well, will cure when such symptoms occur in the ill.

I desire to state, and it is not incontrovertible, that no arbitrariness can govern correctly the selection of remedies, no maxims or motto devised suited to the selection of remedies or adaption of treatment, but will fail oftener than it succeeds. The physician of large experience, and a close observer of the action of drugs upon the sick, if he be capable of profiting by such observation, prescribes with caution and gives but little medicine comparatively, indeed many opine with the statement of Oliver Wendel Holmes who wrote, "It would be better for all mankind if all the medicine were thrown in the sea, but hard on the fishes." No matter how correctly remedies may be selected and prescribed, all should remember that no positive action can be guaranteed; the relation to it is so varying even in the same person, at different times, that in the stomach it may undergo such chemical and physiological changes that before it enters the circulation of the blood, its property is lost or so modified in

action that we fail of results desired. You all understand this—if there was a certainty that a remedy could be relied upon to cure, prescribing could soon be reduced to a science and all would be harmonious with the doctors.

The Eclectic or new school doctor remembers and bases his principles of cure, understanding that the human system is self-regulating, circumstances being equal, and adapts his treatment to the case, selecting remedies that will fulfill indications with the least possible physical expense. Morphine, opium, chloral, cocaine, the coal tar derivatives and general narcotics we eschew, extraordinaries out, yet the average practitioner of the old school relies upon them for pain manifestations.

In the United States alone is an army of imbeciles, habitues of the morphine, chloral and cocaine habits, thoughtlessly prescribed at first, finally establishing the habit, to say nothing of the multitudes that pass to the other shore directly by over-doses, for what may be safely borne usually, will occasionally prove fatal, yet not one in time one hundred is death so occurring attributed to it, or suspected by non-professionals. There is no curative influence in these drugs, they only obtund brain sensibility (all sensation is referable thereto) cutting off or so modifying sensation that the condition is not realized, but hindering real cure by checking or modifying secretion. There are exceptions to all rules, and sometimes such agents may be necessary to tide over conditions exciting unusual pain, from accidents or severe injuries.

The Eclectic in his practice conserves vital force, cause removal, endeavoring to be educational, selecting from any and every source, remedies that are suited to conditions, hindered by no arbitrary rule he can suit treatment to case instead of bending case to treatment. Eclectics have confidence in nature, they are careful of the strength and physical capital of their patients, their motto—sustain vital force—can, as a rule be lived up to, though time may come when heroic treatment may be best, as active emetic in poisoning or catharsis in special cases. It may be applicable to resort to Hydropathy in part, Allopathy in part, or Homeopathy as the advance guard now proclaim it, *i. e.*, we will select what may arrest morbid action with the least

delay and least systemic shock, and I can assure you that all the schools of medical practice, especially in America, draw largely from the vegetable materia medica as perfected and used by eclectic physicians; the Allopath or old school when prescribing, using much larger doses, and the average Homeopath infinitesimals if he adheres to his theory of the great power imparted to remedies by diluting, rediluting and diluting again and again, but the majority of them to-day are such only in name, prescribing largely from the vegetable materia medica, and in sensible doses. Our old school friends have a wide advantage over other systems of cure, as they have government support and backing, which we hope in the near future to share. I am confident, my friends, if the thing was reversed and the masses of intelligent American people once comprehended this matter, there would be a time of general rejoicing, and a glad day for those who are unfortunate enough to need restoratives. I say this from the faith that is in me, grown and strengthened by thirty-five years of observation and experience. Not in the mere form of prescribing for the sick does our reform stop, but we see other important measures demanding careful consideration in conserving the vitality of our young people. I would if I could, have our common school system revolutionized. As we now proceed we manage to break down in the public schools about one-half of our youth because of the system of cramming, neglecting the perfecting of our common branches of study, and giving a smattering of higher studies that are considered, erroneously, accomplishments. Then we need a greater reform at the homes of our children. What are we coming to when our young lads are parading the streets smoking cigars or cigarettes, and becoming imbued with the principles that such association brings? What, think you, is to be the outcome of evening parties for the little ones, late hours, exciting scenes, intemperate indulgence and the growth of self-importance and brazen manners that results, quite too often, as the inheritance of such experience?

I might cite to you opinions of distinguished scholars, practitioners and observers, as to their belief based upon long and thoughtful experience in the treatment of the sick, that sanative medication, *i. e.*, the use of remedies that are aids to cure with-

out the risk of injury to the constitution, hastened by proper diet and pure surroundings, far transcends any treatment that relies upon heroic and often dangerous drugging. Heaven help the sick who are so unfortunate as to be in care of a doctor of the "kill or cure" order, for we have them in all the schools, yes, even those who sail under Homeopathic and Eclectic colors, but they are counterfeits, and incidentally I remark that all schools have misfit doctors, *i. e.*, men, (I will excuse lady physicians) who have mistaken their calling, lacking in general capability, but as there are many over-credulous on whom they may practice, they get employment. Has Mrs. Jones got to go to a watering place? queried a neighbor of another whose wife had been under Dr. Bolus' care for months. "Yes," he dolefully responded, "and I have paid enough to keep that woman in good health to have bought three or four new ones." He was on a par with the man who went to the springs for change and rest, and on his return stated his case in this way. "The waiters got my change and the hotels the rest." I might say much more did time justify me. I would mention the recent new theory of disease cause and disease cure—the germ theory of disease; the culture theory of disease cure by propagating material resulting from diseased action to be injected into the blood as preventative, of foreign origin; while at home we have nuclein solution, from yeast and from animal cells also. The long and short of it is that there is a large share of, perhaps I may say majority, of professionals that advocate the germ theory of disease cause. I confess myself not of that number.

That certain forms of disease when once developed are contagious does not admit of doubt, nor is there a doubt regarding the presence of germs in morbid and decaying matter everywhere, in fact all forms of change may show microscopic life. What remarkable physical changes are wrought by inhalation of chloroform and various gases, and, notably, air made foul by filthy surroundings, as illy ventilated sleeping apartments, etc., the air we breathe reaches the blood directly, and, if impure, taxes the system in its removal.

The disease of swine known as trichina spiralis is never found except in porkers that have been confined in filthy sties,

crammed and fattened hastily, without exercise, they take on the fat of degeneration which is a suitable medium for the originating of the parasite, unknown in swine kept cleanly and with yards for exercise. Immoderate beer drinkers take on a sort of fatty degeneration, and when they sicken are more likely to succumb than their opposites because they have just the right condition to harbor parasitic life. It seems clear that this is the result rather than cause. If persons have two conditions favoring disease, *viz.*—idiosyncrasies or tendencies, and departure from the normal order of health, they are the ones who likely contract it.

Who has not observed the applicability of the old maxim, "What is one's meat, is another's poison." Poison ivy, sumac and other vegetable substances that may be handled by some not affecting them in the least, others slightly, and still others so severely as to put them to bed with swollen face beyond recognition, chills, high fever and sometimes death. The sting of insects similarly. I allude to this illustratively, and again referring to the action of chloroform, poisonous gasses, etc., often causing death when inhaled in sufficient quantities, intending to show by such comparison that as a few, only, of our diseases are directly contagious, it is as good reasoning and better logic to attribute it to breathing an atmosphere chemically poisoned than to attribute it directly to the inhalation of germs. One thing is certain, with the rarest exceptions, small-pox, scarlet fever, measles and all forms of contagious diseases are contracted but once in the same person, and even if the atmosphere, as is claimed, is germ laden, it is operative only limitedly, whereas, if one deadly germ should find a lodgement at the rate of multiplying attributed to it, there would be few, as in first exposures from small-pox, etc., that could escape, but if the germ is an effect, we can apply reasoning to cover all the conditions of disease cause and effect alluded to.

The finale is, those of us who have tendencies to this and that are likely to contract this or that disease. An epidemic of influenza or lagrippe when it takes on an aggravated form, or hay fever, so called, affects a few comparatively, time after time at about the same season of year, perhaps.

Physical changes of the earth, its relation to planetary system,

air and water electrically becoming modified, disturbs our relation therewith for

"We are all parts of one stupendous whole"

as we are surrounded by it, breathe it, partake of it, and, in idiosyncrasies favor, sicken directly because of it. An epidemic influence may be felt from Maine to California at about the same time as a result of this electrical disturbance, those susceptible to it suffering proportionate to such susceptibility and physical power of removal.

Typhoid fever as is well known may be caused by contaminated milk or water, these always showing on examination the peculiar germ found in the secretions of persons suffering from it. Animals compelled to drink filthy water may have the germs in the milk, and certain filthiness in well water may show the same. The filthiness, I desire you to note, is there first, last and all the time, generating the germ, which is a wise provision of nature to convert filth into living forms of matter as noticeable in decaying offal, when the conditions essential to such change is operative; *viz.*—light, moisture, warmth, and we may note in such without microscopic aid, the teeming millions of parastic life. Note again that only a small number of those partaking of milk or water containing these germs succumb to the fever, and those are the ones in whose constitution is found the soil for its propagation, and in whom, if once contracted, it may be mild or severe according to their idiosyncrasies or tendencies, as before noted.

Incorrect habits of life, anything tending to depress nerve force as tobacco, alcoholic stimulants, inattention to our sleeping rooms, i. e., to the supply of air renewal night and day, all tend to make serious constitutional inroads leaving us easier victims of disease of any and all kinds, it being a matter of physical capital what we may or may not repel or endure if a malady of any nature besets us.

I might mention profitably Christian Scientists, as they style themselves—faith cure, etc. Where the science comes in I am unable to tell. A fair minded writer on this and kindred topics says of it, that it is the most conspicuous of the vagaries of recent years, and attributes its existence to modern high pressure life which is characterized by a permeating physical condition

fitting a portion of community for its patrons, which are everywhere to be found. They come exclusively from this class, a class of impressionables with a love of the mysterious, a "longing for the infinite", the desire for someone who has backbone, vim, and a brain full of magnetism to impart *and to sell*, that can arouse hope and cheer for them, without written prescriptions or the vulgar practice of swallowing drugs.

I quote again; while we may deplore and inwardly ridicule one's mental perversion, we cannot ignore its existence if we would successfully minister to his wants. The fact that a thing is, argues a reason for it, which we need consider both for the individual and the common good.

The thoughtful man may succeed in getting some good from things commonly considered bad, on the principle which induced the old lady to express admiration of the devil's perseverance. The practitioners of these fads know their patients well, the fact of a patient's consulting such proclaims him a proper subject for that peculiar treatment.

This "hope immortal in the human breast," should be considered by all practitioners of medicine, and when it is dormant they need have the spirit of inspiration instilled, faith and hope aroused, which with our "Christian scientists" and "faith cure healers" is the alpha and omega.

Hypnotism as resurrected, (nothing new) is a modified form of the same influence that may passively control the patient, and when *raisin de eter* comes in—a sort of inspiration—they can, because they think they can—an analogous reasoning, will tell us how the emotions may be reached and controlled, functional life modified, and mystery and superstition put away by intellectual culture.

That the schools are never together year by year is apparent, and that all physicians of whatever school may by experience, fitness and aptness demonstrate that they have not mistaken calling, is also true, and that members of our schools are equally honest in their convictions, does not admit of doubt.

We may well bear in mind that change and decay is stamped upon every organized thing, and that they who reason analagously in a physical sense will honor the maxim that has rung down through the ages "know thyself".

SCHEDULE B.

ADDRESS BY GEORGE COVERT, M. D., ON BEHALF OF THE WISCONSIN STATE ECLECTIC MEDICAL SOCIETY.

Mr. President, Ladies and Gentlemen of the National Eclectic Medical Association:

I have the pleasure, on behalf of the Wisconsin State E. M. Society, to cordially welcome you to the State of Wisconsin as our guests. We are young, comparatively, as a State Medical Society, but, as the younger Pitt said in Parliament, "It is no disgrace to be young; it is a defect which time will remedy," or words to that effect.

As a medical society, we are vigorous; our aims are high; our principles broad. We are neither exclusive nor dogmatic. We intend to stand upon the highest platform attainable in the medical profession of to-day. We are loyal sons and daughters of the great principles of eclecticism.

As a State we are young, comparatively, also; but we have made great and substantial progress in half a century.

Within the memory of some of us this country belonged to the great Northwest Territory, roamed over by Indians and wild animals. We count now our cities and villages by the hundred and our inhabitants by the million. Our prairies have been broken, our arable lands have been tilled to such an extent that we raise cereals to feed the millions; Milwaukee and Waukesha alone furnish the wherewithal to slake the thirst of tens of millions!

We have uncovered quarries of wonderful resource, from which monuments may be chiseled to rival the famous monoliths of Egypt. We have dug into our granite hills, we have opened up mines of mineral wealth, and cut into our immense forests until we have furnished the material to hundreds of cities and villages of our own and adjoining States, and there they stand as lasting monuments to the skill and enterprise of *our* citizens.

Moreover, in educational and eleemosynary institutions and in all that goes to the benefit and elevation of mankind, we stand second to no State in the Union.

Now, we hope that you are convinced that Wisconsin is a good State to come to. We feel like taking you by the hand and welcoming you to our State, believing that you are here in the interests of humanity and the elevation of the medical profession. If you are seeking health, come to Wisconsin. If you desire rest and relaxation from professional duties, come to Wisconsin. If you are seeking pleasure, come to Wisconsin, for we have more pleasure resorts than almost any other State in the country. We ask you to linger with us in our State and call upon us in our homes and accept our individual Western hospitality.

Again, we bid you welcome.

SCHEDULE C.

ADDRESS BY MAYOR BRICKLES, ON BEHALF OF THE CITIZENS OF WAUKESHA.

Mr. President, Officers and Members of this Association, and Ladies and Gentlemen:

Among all civilized nations since time began, it has been the custom, that the chief executive officer of the hamlet, burg, city, or commonwealth, extend to distinguished visitors or delegations of dignity, a welcome. Sometimes the welcomes are made by committees who go out to meet them and give them courteous escort to their city and homes—their arrivals are heralded by the booming of cannon or by military parade, with banners and music—for this occasion it has fallen to my lot to meet you here and speak the words of welcome. It could not have occurred to the good citizens of Waukesha, when they called me to their service that I was gifted in speech, for they knew to the contrary, and with them must rest the responsibility of committing what little I have to say to paper from which I read.

We have a just pride and glory in our little city, its picturesque surroundings, its splendid drives, its Beach railway, its lakes abounding in almost endless variety of the finny tribes, its numerous mineral springs, with the health giving blessing, flowing in such quantity that all who thirst may drink, and those seeking health may find it in the draught. The creator was certainly kind and lavish with His gifts of love to His people, and they in turn have rendered their thanks and desire all to partake with them of this blessing.

To you Mr. President and your associates who have come here to hold your convention and deliberate upon plans for the future, we feel that you have come to the right place and among the right people. We appreciate the great compliment you have shown us, in selecting this place to hold your convention. We

thank you kindly for the compliment of your distinguished presence with us, and we shall try to entertain you in such a way as shall render your brief stay with us an occasion long to be remembered by you with pleasure and a longing to come again. What we shall ask of you in return for our hearty welcome is, that you will not attempt to practice upon the good health of our community. We like your presence but we don't want your medicine.. We are supporting a score or more of very worthy members of your profession, but that support is not derived from a practice with the residents, but mainly from those who come here seeking health and good medical aid. We commend such to the tender care of our physicians who are the best in the world, and if any of your gentlemen should fall sick by the wayside, you are welcome to their services.

While you remain with us we shall try to show up the best side of our town and her people, and I am sure that all will join me in contributing to your entertainment, and making you feel that you are welcome. I will give into your hands the keys of the city and bid you enter and take possession of all you can. The front doors of all our residences will be left ajar, and you are at liberty to call and make yourselves at home. I have not been able to arrange with the banks to open everything is sight, yet am assurred they will honor all of your drafts. Gentlemen, the city is formally turned over to you, occupy and do and go and come as you please. We welcome you on behalf of all the people of Waukesha.

SCHEDULE D.

RESPONSE TO THE ADDRESS OF WELCOME, BY VINCENT A. BAKER, M. D. PRESIDENT.

Responding to your kind words of welcome to the members of the National Eclectic Medical Association, I tender on their behalf to you and the citizens whom you represent, heartfelt thanks. Once before we convened in this place, since which time there have been with us, as with you, some important changes. The man who at that session was honored by being placed as a representative head of this body died a little later, a gentleman of your own state, Dr. Judd, of Janesville, and our meeting here again brings this feelingly to mind. It may not be amiss to state that in the United States there are 118,453 physicians in the different schools, from statistics of three years ago, 72,000 of which are old school, and about 10,000 each of the Homeopathic and Eclectic Schools. The Association that you have welcomed here to-day is an incorporated one and its aims are to better and right many wrongs that seem needful. Conditions that brought it into existence are similar to those which provoked in the colonies the rebellious spirit that gained our national independence. There was, a few decades back, in the regular or old school of medical practice a spirit of intolerance and arbitrariness, not altogether smothered yet. There were those who could not brook the treatment of the sick which was in vogue at that time, and here and there sprung up dissenters, who sought to cure by milder methods, bringing upon themselves the anethema of those who considered as did Sewald when to Cato of old he exclaimed:

> "No pent up Utica contracts our powers
> The whole boundless universe is ours."

We believe if the principles governing American Eclecticism, its aims and motives were well understood, its spirit of reform in the correcting of many prevailing evils, as well as its endeavor

to do many things needing to be done for general good; in fine if its educational efforts in behalf of the people were comprehended by the masses, the demand for representative men and women of this order would correspondingly increase. And when I state to you that the trend of medical practicc of the day is becoming more and more eclectic, the old school and the homeopathist who started out with infinitesimals, are to-day,—take them as a body of men,—nearer Eclectic than Homeopath.

When we asked the legislature of Michigan to give us a chance to teach Eclectic principles and practice in the University, the faculty therein claimed they taught it. This indeed is talismanic and shows progress of which Eclecticism may well feel proud. It is an old dodge for thief to cry thief, so our friends sometimes charge us with being secular and riding a hobby. I desire to refute any such statement. The Eclectics are gleaners from the field of medical thought and practice, and if from any of these are found "crumbs for investigation, they are culled and utilized.

"Seeking truth wherever found
On Christian or on Pagan ground."

Their vantage ground being the great field of Nature, rich in material for the "healing of the nations," the virtues of which are offered in concentration and elegance by the skilled pharmacist and chemist, withal investigating and appropriating from any and every source, remedies that cure safely and in harmony with natural laws. This is Eclecticism and invites and needs only a better acquaintance to receive at the hands of such, we feel confident, universal favor.

The Eclectic colleges too, were the first to open their doors for the admission of women with equal rights and privileges accorded gentlemen, bitterly opposed at first, by Old Schools, more especially, but now, in accord with public sentiment, they too, admit women. These are only "drops," so to speak, in the ocean of intelligence. Showing what, as a school, the Eclectics have done to modify public sentiment for public good.

But time admonishes me, and again thanking you, we wish you and the citizens of Waukesha God-speed, and the survival of the fittest.

SCHEDULE E.

PUBLIC ADDRESS BY VINCENT A. BAKER, M. D., PRESIDENT.

Fellow Members, Ladies and Gentlemen:

I am glad to welcome you and proud to speak to you in the cause of medical progress—medical eclecticism. The world's advancement in all ages has been hindered by sectarian orthodoxy, self-sufficiency and self-satisfaction.

They viewed the landscape o'er and o'er and said, or seemed to say, "we have it all, we need no more."

This is why eclecticism had a beginning and why you and I meet here to-day in our twenty-fifth annual convocation, and with a hearty welcome to each and all, I desire in the outset to say there is much work for this convention to do. A responsibility resting upon everyone of us, a responsibility so grave that all excuses aside while we are in session, every member is urged to be present punctually at our opening and to remain until our close. If the spirit of toleration and love of liberty which characterized your fathers has not died out, let it be manifest at this gathering. As an organization we need be constitutionally vigorous. Individual responsibility considered and duty well done can only accomplish this, every member to discharge his duty. We have been slumbering quite too long. We have not paid due regard to the power of proper organization, and unless we imitate that spirit of sacrifice, devotion and push that gained our National Independence, we will soon lose not only our professional dignity but our very freedom. Is this assertion too plain? Then the truth, borne to us by the very atmosphere that surrounds us, is too plain, for it it apparent that what we need to do now and hence on is to awaken from our apathy, and show, as we are able to show, that our works need only be known of men to give us a place prominent among the representatives of the age. For, style ourselves as we may, our fathers, the great reformers and originators of Eclecticism and free thought and

liberty, of legitimate behavior in treating the physical ills of humanity, were building better than they knew, and to them we owe for the nucleus of our existence as reformers, and without them and the result of well fought battles and sacrifice we scarcely realize, we would not have a being, and old-time physic and heroic treatment would predominate, for it seems a part of Old School, as it is a part of a certain church, to presume and assume no good thing is or can be, except they father and sanction it, and not good then if taught or practiced outside the narrow circle which surrounds non-progressive and sectarian limits;

> "'Tis education forms the common mind,
> Just as the twig is bent the tree's inclined."

But education may mislead.— Educate the twigs of thought in the young mind and right or wrong it usually remains as bent. We need therefore have charity for all beliefs, "isms," "theologies," and conditions of mankind that have been forced upon the young mind, appealing to their prejudices, hampering and blinding them with self satisfaction and self sufficiency from seeing the loftier, nobler qualities offered by progressive advancement, all outside progress being considered an innovation, and having the prestige and power of usage and no time or disposition to unlearn what they have learned amiss, is it any wonder that reform of necessity moves slowly, hindered by the narrow creeds of men, especially when such creeds have government backing? Schisms and egotistical rivalry will hinder and may crush any organization. This to a certain extent weakens and retards advancement even in our own beloved cause and Association.

There was, perhaps, never a period in the medical history of the world when intelligent thought has been so divided on the issues of the day, especially regarding preventive measures as now, and as we briefly outline in profile the status of medical thought as expressed in the literature of the day, I desire beforehand to crave your indulgence for any adverse criticism or utterances I may make regarding the "fads" of the day or of our own shortcomings, and if I speak unwisely, believe me, it should be attributed to my head not to my heart.

I desire to say a few words about our system of medical practice,—not because I think true eclectic physicians do not comprehend it, but because I think suggestions are in order, as outsiders do not, as a rule, comprehend us intelligently. Recently in conversation with an able lawyer and judge, a man ripe with experience, referring to the prospect of teaching Eclectic principles in the universities, remarked that he understood eclectic doctors were a class who chose what they thought best from the other schools, a sort of non-sectarian class, utilizing the products of others, but supposed Homeopathy had been instrumental in modifying Old School practice and introducing palatable and new remedies for the sick. that eclectics even claimed to have a hand in this matter. I informed the gentleman of his error, referring to the elegant manufacturing establishments of the Merrells, Lloyds, P. D. & Co., and others, that never would have existed only from the fact that the developing of the vegetable *materia medica* of the country was inaugurated by the Eclectics, and now outranks in practice and usefulness all other remedies. Their research created a demand which had widened and grown until having reached present dimensions, producing remedies used by all schools more or less, but not in applicability and dosage as we recommend, it being hard to blot out the idea so firmly impressed upon Old School of of heroic dosage. Were we to make a test of this matter holding an interview with the most intelligent members of society, the result would not differ from the idea expressed by the gentleman I have quoted, the multitudes not being able to interpret the meaning of the term eclectic, etc: This need not be, and should not be. We have the power within us, if we will, and I venture the prediction that if the different methods of medical practice obtaining at the present time were comprehended by the masses, the patronage of the schools would change fronts, the new or Eclectic school would outstrip all others, in fact, be the system of the people, but with an army well officered and equipped, with State patronage and endowments, the advantage is on their side, but by proper organization, by conferring with our legislators and publishing and pushing literature of our principles and comparing results, this may be accomplished

duly, for it is so susceptible of proof to any who will investigate, that the shorter cut to health when vital impairment is manifest, is not through any arbitrary rule of action—the heroic dose, or the small dose—neither being suited to all cases, but by suiting treatment to conditions, for there are times when heroic treatment is demanded, as there are times when the small oft-repeated dose suits best. Especially when aconite, belladonna, veratrum viride, and other poisonous and depressing drugs are to be given. Who, having a patient with poison in stomach, hesitates to resort to heroic measures, and who, finding a patient of full habit suddenly sickened, stomach and bowels loaded, fever, pestilential or otherwise, will stand on the order of applying any favorite theory as to the governing of such fever, but energetically and systematically remove material, that if allowed to remain, is likely to prolong the malady. Fashionable or not fashionable, the dignity of the adherents of small doses or large out of the question, I would stand not on the order of going but give the patient an emetic, perhaps a cathartic, with a liberal diaphoresis. and in twenty-four hours accomplish what no other treatment may hope to in twenty-four days. Possibly, then, when my patient is suitable for such, may give the small oft-repeated nose, adapting treatment to case rather than case to treatment, keeping in view and in force, proper hygienic surroundings, nourishment and management which this suggests. Morphine and opium, so freely used for the control of pain and restless conditions eclectics generally will shun, as do they the drug, substituting the indicated medicinal dose, getting thus the curative influence, avoiding exhaustive effect, which prolongs, as we believe, the malady we seek to cure, by rendering the physical powers unfit for reaction. Not only this, but those who are in the front rank, succeeding, because they deserve success, are vigorously scored, snubbed and quite too often, by the very ones from whom we should expect better things: professional men of refinement and culture, persistently insist that black is white and white is black. Oh! the power of orthodoxy, cramped and narrowed by early education, hampering and limiting the usefulness of otherwise noble men and

women, blocking the wheels of progress and putting off the day of better things.

> "By education most have been misled,
> So they believe because they were so bred."

In 1863 or 1864, at a meeting of New York State Eclectic Medical Society, convened in New York City, I offered as an embodiment of eclectic sentiment, the following as expressive of same:

First. In every person there is an inherent curative force tending to recovery without drugs or doctors, even when there is a departure from the normal standard of health.

Second. Experience with remedial measures gives no assurance of any certain law of cure applicable to all similar abnormalities, even in the same person at different times.

Third. The fulfilling of indications, with such means as the the best judgment believes applicable to the condition, by respecting hygienic surroundings and the use of such drugs in such doses as the case seems to demand.

Fourth. In all the prevailing methods of treating the sick there is some truth and some error. Eclecticism aims to select the best, no matter by whom advocated, ever remembering that vital force is physical capital and sickness a disordered function, and that remedies that aid in restoring to the normal with the least possible physical expense are in harmony with physical law.

Our motto:—*Vires Vitales Sustinete*, adopted some years later is expressive of and harmonizes with the law of cure as most eclectics understand it.

I have perhaps said enough in this direction, and invite your attention briefly to a stereoscopic view, so to speak, of the distracted and commotional state of the leaders in, I may say, explorative science. I allude to the claims of bacteriologists as to disease cause, and to various cultures as claimed combative or curative of such, aiming to touch briefly both sides of the question. Passing the history of the origin of these fads of modern times, I briefly note, illustrating, that when Listerism, a few years back, was in its glory, I was present at an abdominal opening for ovariotomy, by a well known gentleman, at that time Professor of Surgery in the University of Michigan. Every

attendant was disinfected, also furniture, room, bedding, etc., was sprayed with "*sacred water*" before we could be admitted to the bedside. A few years later I was again present, same operator, for same purpose, with Listerism omitted. After all was over I asked the Professor the why of this? O, he replied, we have gotten over that. D. C. Black, Professor of Physiology in Anderson College, Glasgow, Scotland, speaking of Listerism, says: "I have watched for many years with mingled amazement and amusement the pirouetting of Sir Joseph Lister among putties, gauzes, calicoes and steam engines, in order to kill spores and thus prevent suppuration, decomposition, etc., and I predicted that if Sir Joseph continued in the course in which he was incontinently following he would ultimately arrive at the point where he originally departed from—common sense." "I maintain," he says, "that this prediction has been verified." From another source, "laboratory doctors with troops of dogs, guinea pigs and rabbits, and numerous cultures of bacteria, are busily engaged solving problems of disease and teaching their benighted brethren these facts, which, as Josh Billings says, "aint so." In the editorial department of Times and Register, Philadelphia, January 12, 1895, page 31, we find: "disease results not so much because the germ is specific as on account of irritation produced." Again: "as to tuberculous germs, their presence in milk (or elsewhere) is probably due to the germ infection of the animal. Their capacity of infecting the individual who partakes, lies not with the milk, but with the person, inasmuch as the excrementitial organs of such persons must be impaired, else the germs will have no favorable medium in which to lodge."

The system is, circumstances equal, self regulating. We need, however, take into consideration idiosyncrasies or tendencies some individuals partake of. One person may handle, eat or inhale with impunity what may deal suffering, discomfort or even death to another. Poison ivy, for example, poison sumac, effect locally considered, may so poison some persons that the resultant condition puts them to bed with face so swollen that they are unrecognizable, with vomiting, high fever and often delirium. I have had as patients those who could not eat a single strawberry without unpleasant results. In measles, scarlet fever, small

pox, etc., we meet occasionally cases, malignant from the outset, explainable to my mind through this law. The combustible elements in such persons need only the spark of infection to develop the fierceness of such tendencies. All persons who are so situated that their respiratory organs are supplied with air made foul by over-crowding, by bad ventilation or filthy surroundings, damp cellars or spaces under sleeping apartments, containing death-dealing agents inhaled directly into the blood, are in danger and are harboring soil fit for the developing of any condition that may overtake them. The vital energies that maintain the self-regulating power of the system is overwhelmed, and if under such circumstances, is added pestilential influence, does it not suggest the reason for the varying conditions that beset physical life? Does it not suggest why these specially sensitive and impressible to such influences, are victims of this or that malady, when favored by atmospheric or electrically modified conditions? Tait aptly says, referring to disease cause, "a germ or poison producing organisms analagous to yeast germs, is perfectly inert when distributed on soil not responsive to it." Decaying material everywhere is teeming with parasitic (bacterial) life, and this decay modifies the atmosphere and may doubtless modify healthy, bodily activities, when inhaled directly into the blood. Chloroform, ether from various chemicals, ammonia and the long list of volatile agents, when inhaled, modify blood aeration proportionate to intensity and length of time we may be subject thereto. I conceive that mother earth may be so modified in its constitutional relation to nature that its exhalation inhaled would destroy every vestige of animal life. Regarding bacillus as disease cause, I incline to the opinion that it is an effect rather than a cause. It is certainly far from settled that the varied appearing vegetative products are other than sequelæ of morbid conditions. Trichina spiralis, trichinosis of those who suffer from eating pork so infected is an apt example of cause and effect as applied to the disease in the hog. In examining hundreds of specimens of animals that had healthy sties and a yard for exercise, no trichina has been found, but where the animal is kept in filthy pens, inhaling foul air and crowded with fat making products, the fat of degeneration in animals

so kept, affords a nidus for this most terrible malady that afflicts mankind who are partakers of such pork and susceptible to the disease. The same reasoning applies to the fat of degeneration in excessive drinkers of lager beer. Every physician who has had a case of dermatitis, pneumonia, typhoid fever, etc., in such a subject knows how like fire in combustibles it speeds to destruction. The various cultures claimed as both preventive and curative, that are now heralded in medical literature and advertised extensively with seeming favorable proof, shows as varying results so far as are shown by other methods, and the time in my judgment, is not far hence when advocates of the theory will discover effect and cause have been confounded.

Another noticeable feature of the times crops out in unnecessary surgical operations. When any science takes on new life and fresh impetus, many aspirants who aim to be in the front ranks may commit the error of going too fast. There are always in every community a few who are capable, who inherit capability of a superior order and are sure to have those who are not so favored, as imitators, and who, with more zeal than ability, take upon themselves responsibilities they should leave alone. This especially applies to surgery of the pelvis in the treatment of diseases of women. I have in mind at this time a patient who had been for weeks under care of two physicians—one of each sex—and who was told that nothing but removal of uterus and perhaps appendages would save her life. Dreading such an ordeal, further investigation was sought. I found the lady on the portals of the menopause, womb congested, foul odor at times, profuse purulent appearing discharge, os pouty, swollen, and ugly. She had hemorrhages, at times profuse. An explanation of my views in her case, and suitable management and treatment, largely constitutional, and with our special remedies, viburnum, helonias and others in which our *materia medica* so richly abounds, and this lady passed the change and now, nearly three years since treatment commenced, is in excellent health and is one of many with whom I have had similar experience. From experience and observation I feel assured that many cases of patulous os-torn cervix, a condition following childbirth, are treated for months topically, as pronounced ulceration when no such treatment is indicated. Is it ignorance or dishonest avarice?

Division of the uterine neck has been performed by one gynecologist and sewed up by another. Seventy-five per cent. of these operations are baneful in the long run, and in proof I desire to remind that not one is performed now where at least ten were formerly, and occasionally with fatal results, even though the patient had perfect uterine health, some remote condition has been ascribed to it as a cause. Cases demanding surgical procedure are in the minority. A large per cent. of women who have borne children, and many who have not, carry congested and weighty wombs that sag and cause backache and weary feeling, often have the cervix cut or sewed without any favorable results, that may be amenable to constitutional measures.

Curetting is another operation that may result in great mischief. This should never be done when even slight pelvic inflammation exists and is seldom necessary in any case, except there is something to remove and then suitable forceps are superior in most cases. Curetting after abortions, miscarriage or labor, has caused death more than once, and should be relegated to barbarism where it belongs.

THE APPENDICITIS FAD.

In remarks made to his class by a surgeon who had operated many times for appendicitis, occurs this: "I have not found a seed in the appendix of a single one of my cases," he said. "A great many people whose vermiform appendices proved in good condition, have been operated on by doctors who have allowed this fad to carry them away, and in some cases patients have died because of the needless slit made in their abdomens.

These remarks are especially applicable to young aspirants after fame through such procedures as I have merely touched upon. If one has aptness and a love of surgery, it should be thoroughly developed and comprehended by special application and such experience as our large cities only offer. The responsibility is vast, and they who assume it should weigh it well and consider it conscientiously, for many an unfortunate woman, from mistaken diagnosis, has been sacrificed by unnecessary surgical operations, usually by those whose zeal overbalanced their judgment.

MEDICAL JURISPRUDENCE AND THE SEXUAL SYSTEM.

Allow me to invite your attention briefly to this important subject, which as now in force, is out of place and keeping with the age.

First.—As statutory law now is, the vilest woman's oath is allowable in any claim she may see fit to make against the opposite sex, while the lips of the accused unfortunate, though every word is false uttered by her under oath, is sealed. If for blackmail or revenge an innocent person is accused, the accuser's oath is allowable; the accused must remain silent. This law needs to be repealed or modified, and the one accused who is unimpeachable, allowed to testify. The proof at least should be demanded, and women of doubtful character, required to prove charges. There is not a day passing but thousands of dollars are paid as hush money to this class by men who are innocent, but to avoid scandal, submit, knowing they have no law on their side. True womanhood and native modesty rarely have need of law in such matters, and when they do, they can get redress for their wrongs without a doubt, but in all justice and conscience let us, as Tait has tersely and justly remarked, consider that "while every protection is afforded to the female sex by the act in question, the male sex is placed at a great disadvantage, in the power which women possess of bringing false charges against men."

Second.—I would be glad to see on our statutes also a law permitting asexualization where proof is conclusive that a man has behaved in this matter worse than a brute. Such cases come to the surface quite too frequently, and I believe the medical profession should unite in reformatory measures to properly govern this monstrous offense.

Third.—Another feature of the law that needs revising is regarding power given juries over malpractice suits, where justly or unjustly, a person enters complaint against his surgeon of good repute, claiming heavy damage for possibly a condition unavoidable. First.—In such cases require heavy bonds of claimant for forthcoming funds to pay for counsel and expense of both sides in case claim is not sustained. Second.—Allow

counsel in such cases, with proper care proven, to be evidence sufficient to non-suit, on part of defense, and surgeons would have no undeserved annoyance of this character.

POLYPHARMACY.—PATENT MEDICINES.

So long as credulity and marvelousness is a part of us, will we have the cures of doctors "Marvelous, Wonderful & Co." on dress parade? I say dress parade, because the make-up of the package is the key to its success, and they who can outshine and out-talk their neighbor are more likely to attract attention and gain patrons. The output of this material at the present as compared with the past, surpasses human belief. Our daily mails are burdened with printed matter, calling attention to new products of the pharmacist and chemist, that should physicians give each in turn careful consideration, it would take one-half their time, and the end is not yet. At the expense of being thought churlish or cranky, I must confess my sincere belief in this utterance, *viz.:* That if nine-tenths of it was dumped into the ocean none but the proprieters would be losers. Many of the nutrient constructives are meritorious and convenient, but if all the patent medicines could be relegated to oblivion, the community would be largely gainers, as the amount of trash swallowed needlessly and largely harmfully, amounts to many millions of dollars annually. The boldness, falsity and bare-faced impudence that is published and spread broadcast to mislead the credulous, and the many gullible patrons seem like a farce comedy to those in the secret, as they note output and renewal of the nostrums from the druggists' shelves. Query: Can the average American have any revival that will overcome his love of being humbugged? Can he see any resemblance between the multitude of tramp doctors and wandering mendicant tramps that have withdrawn and ostracised themselves from society? If law compelled them to swallow such vile trash as they exchange their money for, from the tramp street corner medicine vender, and swallow as dainty curatives, failing and trying again and again, there would be mournful sounds from many quarters of inflictions too great to bear. May the time

speedily come, when the average American citizen will overcome this tendency, which is kept alive by ignorance of the commonest laws of our existence, due largely to the idea of old-time medical theology, that ignorance is bliss in this direction, but which new school or eclectic ideas reverse through their medical colleges, medical literature and advanced ideas, as to thoroughness of preparation, and it is well to be reminded and to remember gratefully, our educators, the painstaking instructors that so ably conduct the halls of learning where the doctors who are to promulge eclectic principles, and stamp progress and reform along the medical highway of the future, are receiving and do receive their educational fitness. The rank and file of the profession owe these gentlemen much, for theirs is not all sunshine, glory and a harvest of dollars, but it is one of painstaking, self-denial and exceedingly laborious. Let us give them our hearty support.

To the medical journals publishing boldly the truths and principles of our school, we also owe a debt of gratitude. They deserve our support and encouragement. They are wide-awake, but cannot live on praise or glory. Their success is an assurance of our advancement.

In conclusion, I feel warranted in pointing with special pride to the masterly work that has been done and is still being accomplished by liberal-minded men and women in revolutionizing the sentiment and practice of the dominant school of medicine. They are using so many remedies, purely eclectic in origin, that they can well afford as a vote of thanks for the great good we have done their school, and all become impressed with the fact that nature cures, the true physician affording aid in time of need, and learn that morphine, opium and narcotic drugs, in heroic doses, are unnecessary in every-day practice, cause removal being more scientific and sensible, the search for drugs to still further depress may be abandoned.

As a finale let me add: a duty every individual owes to himself, his family and his neighbor, is to give so important a subject as the one relating to repairs of self, a thorough investigation and know which of the schools of medicine comes nearest to

being a safeguard and deserving, for when sickness and distress oppresses, who sustains to your welfare so responsible a position? A well-ordered family physician is a safe adviser, counselor and friend. He should be temperate, exemplary, faithful and true, and then should be appreciated and rewarded. The new or eclectic school desire, and courts of the brotherhood of man, investigation, feeling assured the well-being of the cause and of society will be mutual gainers thereby.

SCHEDULE F.

TREASURER'S ANNUAL REPORT.

Balance on hand as per last report	$ 6.55
Initiation fees and dues	1,045.00
Assigned by the Mutual Aid Society	102.00
Donation by Doctor Yeagley	25.00
Postage and express on *Transactions*	7.60
Total received	$1,186.15

DISBURSEMENTS.

Paid to F. W. Baldwin for printing	$ 787.35
Paid to Doctor Wilder for expenses	81.56
Paid Doctor Wilder on salary	200.00
Paid postage of *Transactions*	7.60
Paid Dr. J. V. Stevens, printing and postage	15.00
Paid Railroad Agent	11.00
Paid telegrams	1.00
Paid Dr. W. T. Gemmill's expenses (incidental)	39.64
Paid Dr. W. T. Gemmill's expenses at Niagara meeting	37.25
Total paid out	$1,180 40
Balance on hand	5.75

BILLS AUDITED AND UNPAID.

Balance due on Columbian Volume	$ 175.00
Transactions from 1894-5	609.99
Balance due Dr. Wilder for salary	300.00
Balance due Dr. J. V. Stevens, printing and postage, 1894-5	24.45
Total indebtedness	$1,009.44

SCHEDULE G.

Status of Eclectic Medicine.

REPORTS FROM STATES.

ILLINOIS.

The officers of the Illinois State Eclectic Medical Society for the coming year are as follows: President, F. E. Thornton, M. D., Avondale; First Vice-President, G. R. Shafer, M. D., Morton; Second Vice-President, E. J. Farnum, M. D., Chicago; Treasurer, H. G. Gabel, M. D., Aurora; Recording Secretary, W. E. Kinnett, M. D., Yorkville; Corresponding Secretary, W. Harrison Hipp, M. D., Chicago.

The annual meeting was held in the City of Springfield, May 15th and 16th. There was not as large an attendance as we had hoped for. The meeting was interesting and profitable. There are about 800 eclectics registered by the State Board of Health, and we can only manage to keep about 100 members in the State Society. At our last meeting we took in twenty new members, and we hope that they will remain members while they are in the State. Many are suspended each year for non-payment of dues. There are some in all State Societies, who united, no doubt, in order to obtain a certificate to frame and hang in their office for an advertisement, and that is the last we ever hear of them so far as the State Society is concerned. The whole scheme with them is to obtain a certificate, and they care but little as to what becomes of the Society.

There is another class of men who are natural born fault-finders. The Society is not managed to suit them, never was, and never will be.

There are others again who seem to regard a State Medical Society as a sort of school, or place of entertainment, where the

officers are expected to furnish instruction and entertainment for the many, and they, themselves, never do anything to improve the Society or benefit their fellow-men.

Now, I would not, for one moment, have you think that our State Society is entirely composed of this class. Far from it. There are many who are there for the benefit of the Society, themselves and the cause in general. Some who have been there ever since the Society has been in existence, are staunch supporters of it and the cause of eclecticism in general. There are so many in the State whom we never can induce to take any interest in the State Society in any manner. They stay at home and enjoy the benefits that the Society secures for them.

Withal the cause of eclecticism in the State is prospering. Most eclectics, who keep posted, are aware that Illinois has an eclectic medical college and an eclectic medical journal, *The Chicago Medical Times*, that are second to none. We are being reconized by the State authorities more than we have ever been. The homeopaths and eclectics are assured the joint control of the new insane hospital to be built in the northwestern part of the State. We are recognized in Cook County Hospital, and in other hospitals, we have our internes, and a prospect of more in the future.

Yorkville. W. E. KINNETT, M. D.

INDIANA.

Mr. President, and Members of the National Eclectic Medical Association:

Having been appointed to report on the status of eclectic medicine in the State of Indiana, I proceed to make this brief report. I am indebted to W. E. Bloyer, of Cincinnati, for the number of eclectic physicians in the State, which he gives at 616. Unfortunately, while all this number are reputable physicians, and doing a good business, only about 125 are members of our State Society. This, to say the least, is rather a poor comment on the eclectics of the State, when out of this number less than a hundred can be relied on to attend our meetings. We can account for this only by coming to the conclusion that each one is looking out for self, and forgets that in union there is strength; also forgetting the benefit they can receive, as well as impart to

others, by attending the annual meetings and assisting in pushing on the great cause.

Our State meeting was held at Indianapolis on the 8th and 9th of May. The President, M. S. Canfield, M. D , with the Executive Committee, had prepared an excellent program, and the calls for papers were well responded to, and many very interesting ones were presented and thoroughly discussed. The meeting was interesting, and still the attendance did not exceed a hundred. Those present were alive to the work. We had with us J. K. Scudder, M. D ; J. U. Lloyd, M. D., and W. E. Bloyer, M. D., of Cincinnati, as also Dr. L. E. Russell, of Springfield, Ohio, who took active part and assisted much in promoting the interest of the meeting.

The officers elected for next year are as follows: President, W. F. Shafer, M. D., Rochester; First Vice-President, Thos. Spaulding, M. D., of Terre Haute; Second Vice President, Mrs. M. M. Madsen, M. D., of Indianapolis; Recording Secretary, W. P. Best, M. D., Dublin; Corresponding Secretary, C. G. Winter, of Indianapolis; Treasurer, A. E. Teague, of Indianapolis; Press Reporter, F. M. Hector, of Rochester.

The next meeting is to be held at Indianapolis, beginning on the second Wednesday in May, 1896, and continuing two days.

Our State, so far as I can learn, is sadly deficient in the matter of local societies. One society, called the "Liberal Medical Association of Northern Indiana," was organized at Plymouth in October, 1894, and held its first meeting at Plymouth, December 4, 1894. J. D. McCann, M. D., was President, and D. W. Jackson, M. D., Secretary.

As to our Indiana College of Eclectic Physicians and Surgeons, it appears now to be on a firm basis. Having got rid of all the bad elements and being manned with good material, as professors and teachers, we can only predict for it success and a bright future.

I cannot conclude this paper without saying that eclecticism appears to be in the ascendency in Indiana, and that all reputable eclectic physicians are doing well. There are many good locations for live eclectics in the State. Many old physicians will have to be counted among the back numbers soon, and good men are needed to fill their places.

The great fault of Indiana eclectics is a lack of spirit of organization. Many of the leading physicians are not members of the State Association, and very few of the National Eclectic Medical Association. This ought not so to be.

Crawfordsville. J. R. DUNCAN, M. D.

KANSAS.

We believe there is a gradual growth in favor of liberal medicine in this State. It is a slow growth, but one that will be sound and permanent. Those who have the principles of eclecticism at heart, are earnest and true. Filled with the "*spirit*" of true progress they will surely overcome the hinderances that are around and about our School. There are in Kansas in the neighborhood of 400 eclectic physicians. To most of these comes a continual warfare, a fight against prejudice, a fight against allopathy and all the subtle influences, an an old school doctor can hurl at an irregular if they wish. An eclectic thinks he cannot leave his post of duty, and thus leave everything in the hands of his enemy. So we find he does not attend society meetings very often, but he stays at home and works and fights.

In the last three or four years younger men are coming to the front in our society meetings, and we find a new class of men at the helm, and we are assured that the future of our school will be better than the past. It is seldom we see an eclectic at our State meeting that is poorly and slovenly dressed, but *all* are well-dressed and well-fed men. *Prosperity* is imprinted on their very lines and acts. We are hopeful that such men will wield an influence all over our common wealth that will sow good seed and bring forth an abundant harvest for our school. Our Secretary, E. B. Packer, M. D., of Osage City, is a Sampson among the "elect" of Kansas, working hard and earnestly for the upbuilding of our principles; he is doing a good work for our school. Our Treasurer, W. C. Hamilton, M. D., of Topeka, is another faithful officer that keeps the exchequer in good shape and in readiness for use; he is a power for eclecticism. Also Doctors Longs, Martin, Furber, Nesterfield, of Topeka; Dr. Hatfield, of Grenola; Dr. Entz, of Hillsborough; Dr. Gish of Abaline, and many others are holding the banner of liberal medicine to

the breeze. At our last meeting at Topeka, May 7th and 8th, 1895, there was a good attendance by a good class of men. There were many good papers read and discussed, and some very interesting clinics. The next meeting will be held at the same place on the first Tuesday in May, 1896. We trust that every year more good, energetic, progressive men may be induced and made to feel it a duty to attend our State meeting.

Eclecticism has come to stay in Kansas.

Halstead. E. M. HOOVER, M. D.

KENTUCKY.

The status of the eclectic cause has not changed materially, since my last report. Our physicians are generally intelligent and progressive, the majority of whom are young men, and to a man, so far as I have been able to learn, enjoy a lucrative business. The legislation of our state, while it is not altogether what we want, might be a great deal worse than it is. The part of it bearing on the practice of *graduates* is not discriminating. A man of any school of practice, possessing creditable credentials, in addition to the reputation of possessing a moral character, in the community in which he resides, has no trouble in procuring a license from the State Board, (regular) to practice his profession. A diploma from any of our colleges that are included in the confederation, is a passport to membership in any of the (*regular*) auxiliary societies, and through them to the State organization. I think the majority of eclectics of our State are members of some one or another of the various county or district "regular" societies. I fear that many of our men by affiliating with the above named societies, will lose interest in the importance and necessity of organizing and maintaining a purely Eclectic State Society. The eclectics of west Kentucky have a movement on foot to organize a State Eclectic Medical Society some time in the spring of the coming year. With what success remains to be seen, later on. To young eclectics seeking a field to work, let me again, this year cordially invite you to Kentucky. I am sure there is no more inviting field for educated up-to-date eclectics.

Lowes. GEO. T. FULLER, M. D.

PENNSYLVANIA.

The different societies have held their meetings as usual this year. Attendance has been small. Not half of the eclectics of this State belong to any of the societies. This is not as it should be; every eclectic should join some one of the societies. Their excuse is that they cannot attend. They would attend occasionally if they belonged, and if they never attended they could help along financially. This much they owe to their more energetic brothers, such as Doctors Piper, Beam, (deceased) Yeagley, and others who have sacrificed much, both in money and time to secure equitable legislation for all. The new law which has now been in force one year, is satisfactory to all parties. So far the eclectics may well feel proud; in proportion to the number examined before the State Board, the eclectics have passed with higher grades, and more of them have passed in proportion to the number applying than any other school. This shows that they have been fully as near, and a little better trained for their life work than any of the other schools. There are plenty of good locations in Pennsylvania for good, honest, well trained eclectics. In fact a good eclectic physician can settle down in any large city or town in this state, no matter how many allopathic or homeopathic physicians are there before him, and I will guarantee if he understands his business and attends strictly to it, that he will, in a very few years, have all the work he can do. Why? Because the allopaths are too trifling in dose. I have seen just the above occur time and time again. Don't be afraid, brother eclectics, you are better equipped than any of them; all you need is self confidence; go ahead and win the day.

State College. W. S. GLENN.

WYOMING.

From a pamphlet received long since, I learned that I was appointed to report upon the eclectic cause in Wyoming. I have written hoping to learn something from other parts of the State but have not succeeded. I know of only one other eclectic beside myself in the State. The natural resources of Wyoming are not excelled by any state in the union, and I believe there is

a good field for our school here. Our laws are liberal, requiring only the filing of a diploma from a legally chartered medical school, with the county clerk. Several attempts have been made to pass exclusive laws, but as I am located here at the Capitol, I have been able, with homeopathic help, to so far prevent their passage.

As we have no medical society in this State, and I am not a member of the National, I don't know as this meagre report is desired, but every office has a waste basket. Since coming to this State I have missed the medical society more than anything else.

Cheyenne.. W. A. WYMAN.

PART III.

Meetings of the Sections.

SECTION A.

JUNE 19, 1895.

Materia Medica and Pharmacy. Chairman, H. K. WHITFORD, M. D.; Vice-Chairman, Eugene E. Bronson, M. D.; Secretary, John V. Stevens, M. D.

The Section of *Materia Medica and Pharmacy* was duly organized on Wednesday afternoon; Chairman H. K. Whitford, M. D., being absent, Vice-Chairman E. E. Bronson, M. D., took the Chair; Secretary J. V. Stevens, present.

PAPERS PRESENTED.

THE EPIDEMIC REMEDY.

PROF. JOHN FEARN, M. D., Oakland, California.

So far as I know, the late John M. Scudder, M. D., was the first to call particular attention to the thought that there was such a thing as an epidemic remedy. Since first I read from his pen his account of observations along this line, I have been on the watch for phenomena that would either prove or disprove his theory; and the longer I practice medicine and the more thought I give to this special feature of practical therapeutics, the more I am convinced that there is such a thing as an *epidemic remedy.* Before proceeding further let me define what I do not mean by the epidemic remedy.

I would not have you for one moment think that I teach that there is such a thing as a remedy that will hit every case curatively in the course of an epidemic! No! No!

This idea would never work with specific medication—in fact, it would be entirely contrary to that theory.

Now, let me in a few words express myself as to what I mean by the epidemic remedy. I mean when during an epidemic a majority of cases, presenting themselves to the physician, show such pathological wrongs, or such a train of abnormal symptoms, there is quite a similarity. The specific medicationist has been in the habit of meeting these wrongs by certain specified remedies. The remedy may be anyone of twenty or more. But that remedy which is most frequently indicated and most certainly successful has a right to be called the epidemic remedy.

Thousands of physicians, who are not in any sense specific medicationists, have noticed that during the existence of any wide prevailing disease, whether it be epidemic or endemic, many of the cases present abnormal conditions wonderfully similar in their manifestations.

The same disease prevails in the same locality a few years afterwards, and the abnormal manifestations are quite dissimilar, and the man who prescribes definite remedies for specific results will find himself prescribing entirely different remedies, though the diseases in both cases may be the same in name; so that the the epidemic remedy for 1895 may not be the one, and, in all probability, will not be the remedy which was so successful in 1893. So that this theory is entirely different from the theory of specifics for certain diseases.

Let me illustrate from practical experience. During the years '93-4 5, the majority of acute diseases coming under my observation, either as physician in charge or consultant, might be named as pneumonia, dysentery, bronchitis, typhoid fever and typhomalarial fever. During the experience of those two years I found four remedies principally called for, outside the special sedatives; those remedies were specific ipecac, baptisia, asclepias tuberosa and rhus tox, and I will make a few observatious on each in the order named.

Specific ipecac.—For the two years mentioned I have no doubt that in my experience this was one of the pronounced epidemic remedies. For what cases was it prescribed? It was prescribed in diseases of the respiratory tract, where there was irritation of mucous surfaces, with tendency to cough; the cough being very

pronounced at night, preventing sleep; the sputa was principally mucous, no great amount, or little hard to move. Specific ipecac vii. to x. gtts., in a glass of water; a teaspoonful frequently would loosen the secretion, allay the irritation, stop the cough—whether in child or adult. One little sufferer about five years old, who had been through a long siege, and had affusion on right side, was particular to see that I left him plenty of cough medicine, showing that the child had observed its beneficial results.

In irritation of the gastro-intestinal surfaces it was equally good. If the vomit was chiefly mucous with much straining from irritation, gtt. v. to gtt. viii, in a glass of water, were successful; in cholera infantum, in dysentery, with frequent mucous discharges, sometimes greenish and occasionally tinged with blood, the remedy was equally useful in a large class of such cases, leaving nothing to be desired. After the acute stage had passed, and the patient had come to that stage where tonics were needed, I found that small doses of specific ipecac added to spec. nux vomica helped the nux to act more rapidly and certainly; of course, if there was a call for aconite, that was added, but ipecac was a pronounced remedy.

Specific Baptisia.—I have heard physicians decry this remedy —say they got no good out of it. My experience has been entirely different. Those who decry the remedy must have either had a poor article, or they have used it in cases where it was not called for. To those who would give this remedy a fair trial I would say, if you cannot get the fresh drug to make an infusion, use none but the specific medicine, and, in the second place, use it according to the directions laid down in *Scudder's Specific Medication*; if you use it thus you will be delighted with its action. In my hands it has done good work acting as a stimulant and antiseptic. Wherever we have feeble capillary circulation, with tendency to ulceration, either of throat, stomach or bowels, and the tendency is to local death and decomposition, I have found this remedy to be a wonderful sweetener, getting, by its kindly stimulating properties a better local and general life. Recently, I was called in counsel in a very unpromising case of typho-malarial fever—other much-vaunted antiseptics had been used—I advised:

℞. Specific baptisia . . . . . gtt., xx.
Aqua distil . . . . . fʒ iii.

M. Sig. One dram every two hours, alternated with the special sedative.

The results were very satisfactory. From this and many other experiences I put down very confidentially as one of the epidemic remedies for the period above-mentioned, *baptisia.*

Asclepias tuberosa.—If you get a good preparation of this root it is a good medicine. The root itself has poor keeping qualities, so we are obliged to use the tincture. Scudder speaks of this remedy as being a feeble remedy, well suited to children. I find it equally well suited to the adult. The remedy is slightly sedative; it allays that form of nervous irritability closely connected with imperfect skin action. It increases true skin secretion. The diseases in which it has been specially useful to me are pneumonia and pleuro-pneumonia; action of skin impaired through nervous irritation, and from same cause there is difficulty of expectoration; cough short, dry and irritable. I have been in the habit of adding to the special sedative, say:

℞. Specific aconite . . . . . gtt., v.
Specific asclepias tub. . . . . fʒ i.
Glycerine . . . . . fʒ i.
Aqua . . . . . ℥ i to iv.

M. Sig. One dram every hour, as needed.

Under its influence the skin does its work, the secretion in the respiratory organs becomes re-established, expectoration easier and the patient less nervous. It has done such good service for me that it has become a necessity in the treatment of such diseases, and may well deserve to be called an epidemic remedy.

Specific Rhus tox.—This remedy, for the same period, has been with me one of the most certain remedies when indicated. To save time I will ask the reader to turn to *Scudder's Specific Medication*, carefully read the several indications for its use. In typhoid fever, and in diseases of a typhoidal type, some of those pathological conditions have been very prominent, and no matter what the disease in which these conditions were presented, this remedy proved to be one of the certainties in medicine. I have seen it relieve nervous trouble, giving rise to loss of sleep; bring down temperature; relieve determination of blood to the brain, and even stop vomiting.

What I have said may not be conclusive to the readers of this article, but the experiences from which these statements have been deduced have to my mind been conclusive that we have epidemic remedies, and that for the past several years, the four remedies I have named have certainly earned the right to be designated *epidemic remedies.* In conclusion, will say it will often call for close investigation and observation to find out the indicated remedy; the dividing line between symptoms calling for different specific remedies is often very fine, but when found and acted upon the results well repay us, and, I believe, the thought expressed and contended for in this paper will bear even a wider explanation.

Some years ago, I used with great success a combination of cocaine, Lloyd's colorless hydrastis, plumbi sub-aectatis in aqua distil. as an injection in gonorrhœa. I cured the cases that came to me in my own practice rapidly and pleasantly, then a string of sufferers who had been vainly treated by my neighbors, came to me, they also were cured, until I began to feel like crying "*Eureka.*" But suddenly my success was at an end, it cured no more. Why was it? I know not. The cases looked and acted similarly, but they were intractable to the old treatment.

If the gono-cocci had been carefully examined under a powerful microscope, the last intractable fellows might have been found harder to kill, in fact more virile and therefore, the old shot was not deadly enough. Let us at all times be careful in diagnosis, be quick to note pathological manifestations, then when we have located our game go for it with a dose small enough, and yet large enough to do *execution.*

PASSIFLORA.

By C. W. Rodecker, M. S., M. D., Wonewoc, Wisconsin.

The therapeutics of passiflora are as yet very imperfectly known. It has been experimented with, no doubt, very considerably, and the consensus of opinion places the remedy in the list of nerve sedatives first, and secondarily in the list of nerve tonics. Again, it is a glandular stimulant, consequently,

an alterative of no mean value; it is undoubtedly hypnotic, and acts as such in insomnia.

The remedy in its liquid form is of a grass-green color; not a bright green, but a dark, dirty colored green. The taste is similar to that left after chewing grass—a flat, greasy taste, which does not remain in the mouth any length of time, and is not pungent. The taste is more alkaline than acid.

Passion flower is a native of the southern parts of the United States, where it grows in abundance, and is cultivated for the beauty of its flower. It had been passed by as a plant having no particular virtue, until, by accident, its extraordinary virtues and power as a remedial agent in a certain class of diseases were discovered.

The specific has been found, and, like Cascara, we wonder how we could get along without it.

In insomnia, the tincture in teaspoonful doses has proved wonderfully effective.

In simple neuroses of children, in worm fever accompanied by spasms, it is a specific; also in teething.

We have a class of children in which there is a hyperæmia of the vaso-motor system, as in teething, worms, cholera infantum, &c., that have, no doubt, caused the physician many anxious hours. Passiflora robs these cases of the fear of impending crises. In megrim, another form of nervous disorder, it has proved a God-send, and in neuralgias from whatever cause, it will bring the right result every time. In neuralgia of the stomach or bowels, in palpitation of the heart, and in all nervous disorders, it has many times astonished me in its results. In tetanus, caused by a rusty nail penetrating the foot, the tincture in teaspoonful doses every hour had a very happy effect. In that dreaded traumatism it proved itself a blessing to the beast as well as to man.

In hysteric eclampsia, passiflora is fine in results. In the epileptic form of convulsions of children, it has proved wonderfully efficacious in my hands.

Its application to irritable ulcers has proven of decided benefit.

In spinal irritation in the lying-in woman, or in cases where

she is troubled with those twisting or grinding pains, it will give prompt relief without in the least deranging the stomach; also in the after-pains of child-birth it is excellent.

In threatened abortion or miscarriage, from whatever cause, passiflora given in one and two drachm doses, has proven a splendid adjuvant to treatment. It acts slowly, but lastingly, and without any narcotism or derangement of the digestive system. I will endeavor to classify the diseases in which passiflora acts well, if not decidedly and promptly.

Insomnia, acute meningitis, cerebro-spinal meningitis, delirium tremens, dipsomania, hyperemia, neuralgia of whatever kind, tic douloureaux, cervical and occipital neuralgia, spasms, convulsions, cramps, chorea, hysteria, tetanus, acute eclampsia, trismus neonatorium, epilepsy, catalepsy, sunstroke.

I think I have given points enough here to lead you to interest yourself in this wonderful remedy, and hope by a more thorough experimentation to give its secondary effect if any, as well as a more extended account of its medicinal virtues. It is my candid opinion that, with perhaps one or two exceptions, no remedy has been discovered in this century, that gives more universal satisfaction in the treatment of a large class of diseases that has perplexed the physician, and the treatment of which has proven so very unsatisfactory until passiflora came into use and proved so effective. One very remarkable thing in regard to the drug is, that in all its active medicinal results it makes no difference in the size of the dose, there does not appear any narcotism, and in all my readings I find no one speaks of the poisonous effects of the medicine.

Dr. Spees in the *Medical Gleaner* says: Passiflora is a specific in toothache when associated with an irritability of the nervous system.

Dr. Euri in the *Medical Age* claims that it relieves diarrhœa when accompanied with much pain, and that it is a valuable remedy in the restlessness of fever. It is also valuable in the spasms of poisoning by strychnia, and is prompt in its action in hysterical convulsions. He further says, that in confinement, when labor becomes tedious and pains ineffectual, irregular, spasmodic, and excessively severe, and the patient is nervous

and fretful, it is the remedy to use. It relaxes the muscles and relieves nervousness, regulates the pains, and increases their effectiveness.

In reflex troubles peculiar to the diseases of women it is useful; relieving vomiting and morning sickness.

It is beneficial in asthma and whooping cough, and in the spasms of spinal meningitis, as well as in the restlessness and sleeplessness of children cutting teeth.

I frequently use it in nervous chills of old age; it always relieves in twenty or thirty minutes.

It is a grand remedy and will make many friends on account of its action being so expeditious. One peculiarity, however, is that while it is a soporific, it cannot be depended on to act as such on two successive nights with the same patient.

Dr. Ellingwood in the *Chicago Medical Times* recommended passiflora in spasmodic incontinence of urine:

The *Homeopathic News* says that in delirium tremens passiflora is unexcelled, also in the nervousness of those addicted to the morphine habit. In dysentery, it relieves the pain and griping tendency of the bowels.

In the *Medical Age*, Dr. F. J. Boulin states that in persistent wakefulness he has used passion flower tincture in thirty drop doses, repeated every half hour as necessary, with great satisfaction. Usually but two doses are required and on the second night the repetition demands a smaller quantity which is contrary to the rule for the employment of such drugs; on one occasion, he himself being wakeful during the night took 190 drops between 10 p. m. and 4 a. m., without any unpleasant effects whatever.

I have read of hundreds of cases in the medical journals to which I have had access, and find in all the same general opinion; that in all diseases of a nervous origin accompanied by pain or convulsions of a spasmodic character, that passiflora always acts promptly and satisfactorily, leaving no bad results.

Dr. Jos. Adolphus in the *Courier of Medicine*, (St. Louis), February, 1895, says regarding passiflora incarnata, May pop, "Its value as a therapeutic agent is known to only a few members of the profession. I was one of the first who wrote and pub-

lished papers on this medicine. I have used it extensively, and experimented largely with it on lower animals, and in general practice. In 1874 I was in Macon, Ga., and while there I treated a horse which was in extreme suffering from lock jaw. A strong decoction was made from the root; this was administered in large doses in the intervals of the spasms, by drenching the animal. About two and one-half gallons were given and he was left to himself during the night (for it was an evening in May); no one believed the poor beast would recover. Early the next morning the owner and myself visited him, and to our surprise we found him grazing in the pasture, and all signs of lock jaw entirely gone. The use of the May pop as a cure for lock jaw was afterward well known in the various localities of the south."

It is a decided sedative to the nerve centers; its action is most pronounced in the diseases of women and children, particularly the convulsive and neuralgic kinds. In these troubles I have used it extensively.

I have treated a few cases of after-pains with this remedy quite to my own and the patient's satisfaction. I think it deserves confidence in these cases.

I have also used it with success in the delirium of fevers of all kinds, especially in the low muttering kind. One of its marked beneficial effects is to produce sleep. Some cases of delirium are manifestly the result of sleeplessness and restlessness. I recall one case in particular; the patient was exceedingly restless and sleepless for five days and nights. I regarded it as probably a fatal case. As a last resort, I gave the patient tincture passiflora in twenty-drop doses every two hours; the last two doses were larger, a half teaspoonful, repeated at intervals of half an hour. Sleep came in half an hour after the last dose, and lasted five hours. It was a refreshing and restful sleep. The remedy was repeated in twenty-drop doses every four hours during the next two days, to provide against any probable return of the restlessness. The case went on steadily to convalescence.

I have used the medicament in nearly every case I have had in recent years of pelvic engorgement attended with severe pain.

Such cases I used to treat with gelsemium, giving it in large doses progressively increased, with fair success; some of the

annoying drawbacks in the action of this drug were double vision, blindness, drooping of the eyelids, and in insane cases, an almost complete abolition of power over the muscles. These conditions often caused considerable alarm to the patients and their friends, and caused them in many instances, to severely censure the medical attendant. Passiflora causes none of these symptoms or inconveniences.

Recently I have used the medicament in two cases of pain in the stomach, coming on about an hour or two after taking food. One case was markedly severe; the pain at times was so agonizing that an eminent medical man was consulted in regard to it, and diagnosed it malignant disease of the stomach. My remedy was passiflora in twenty-drop doses, every two hours, during the day. In brief, the treatment was successful after being continued a week; but occasional doses were taken during the day for a month longer.

The cause of the trouble was, I presume, hyperesthesia of the gastric mucous membrane. Wherever I have found hyperesthesia in the mucous membrane, I have treated it with passiflora incarnata.

Its beneficent influence on the mucous surfaces, whether painful, catarrhal, or what not, is often markedly efficient and pleasant.

I am confident that this remedy has a kindly influence on the vaso-motor and cardiac centers, and on the sensory roots of the spinal nerves. It is used successfully in anemic headaches, while some physicians claim that it is equally serviceable in the congestive variety.

A year ago I treated with success one of the most unpromising cases of so-called spinal irritation, with passiflora and viburnum prunifolium. At first I used the viburnum in ten-drop doses, and the result was unexpectedly good. To test the value of passiflora in the case, I dropped the viburnum altogether and gave passiflora; the improvement continued and I did not again resort to viburnum; nevertheless I must acknowledge the good influence of viburnum on the disease.

Passiflora is the remedy for over-excited reflexes; hyperesthesia of highly excitable surfaces, especially mucous membranes, and is also a good remedy in functional cardiac troubles.

In closing I will take occasion to remark, that from clinical experience I believe the dose usually given is too small; on this account the value of the medicament is discredited. I often give it in teaspoonful doses with excellent results. However, in occasional cases it causes dark urine. When this occurs stop the remedy awhile.

In twenty drop doses repeated every two hours it relieves palpitation.

Dr. Merson in the *Medical Age*, recopied from the *Homeopathic News*, says that, "for great nervous excitement and restlessness, I give teaspoonful doses of tincture passiflora incarnata, every three hours. After the second dose, if there is no evidence of sleep, I double the dose, both as to time and frequency, thereby securing the desired effect."

I could continue piling up evidence for passiflora, but trust I have already made clear the medical virtues of one of the best remedies discovered in the nineteenth century.

MEDICINAL VALUE OF THE SARATOGA WATERS.

By L. O. Goetchims, M. D., Saratoga Springs, N. Y.

The medicinal value of the Saratoga waters has never been given with accuracy. The most learned people of the world visit Saratoga Springs to drink and bathe from the great health giving fountains, but fail to comprehend the magnitude of the underlying strata, the force and the power of the gases, or the direct source from whence they come. The new Springs, discovered by deep boring and new in locations, have changed and contradicted most of the former theories in regard to the source and supply. The new spring waters contain more gas and mineral substance than the old, showing an inexhaustible supply. With the old and present unsystematical manner of drinking and bathing at Saratoga Springs it would be impossible to estimate the medicinal value of so many different fountains. The immense quantities of water flowing from over forty springs, varying in size and depth, from near the surface to five hundred feet, charged

with various proportions of mineral and carbonic acid gas; each one a grand study of itself. (The student becomes amazed at nature's incomprehensible laboratory.)

Therefore, I consider the great health-giving medicinal waters of Saratoga Springs inestimable until some more accurate way of using the waters becomes established. The money value reaches into millions of dollars. That a judicious use of the waters has cured or alleviated many diseases is proven beyond question. The general medicinal effects of the waters are diuretic, laxative, cathartic, diaphoretic, and somewhat sedative. A grateful drink for febrile patients. Antiseptic and detergent for bathing.

A BETTER PHARMACY.

By W. R. Hayden, M. D., Bedford Springs, Mass.

Mr. President and Doctors:—I have to thank you sir, for the honor you have conferred in making me one of your essayists on this occasion, and more especially for the title and subject of the present paper; for it is one of great moment to the whole medical profession, and to all who may be in any way interested in the science of medicine, for we all, sooner or later, look to it for succor and relief in the hour of trial. And, sir, I would gladly be relieved from the public consideration of a subject which no one can do justice to without giving serious offense, for all people do not love the truth. It is a marvel to me that the way to "a better pharmacy" has not been considered and discussed in our societies long ere this.

I am fully aware that we have a pharmacopœia and learned pharmacists who teach the art and science of manipulating and compounding drugs. The routine is all very well as far as it goes, but it does not go far enough. We have the shadow and now we want the substance; we want something more than the formula; we want the essence and spirit which gives life and healing; we want men in the drug business with souls alive to their high and holy calling, who would scorn to be substitutors and trifle with the life of a poor sufferer who was praying to God to relieve his anguish.

A pharmacist should be something more than a dispenser of cigars and fancy articles; he should be an accomplished pharmacist, for he is the right hand of the physician and more than a brother to the patient. The physician makes his diagnosis, founds his prognosis, and writes his prescription, but what will be the use of all this, of his knowledge, of his labor embodied on that small slip of paper with its cabalistic prefix, unless his instructions to the pharmacist are fully complied with in its preparation. Who will be morally responsible for the life and well being of the poor sufferer if the pharmacist fails in the hour of need? Who will have to answer for that life at the final tribunal?

The pharmacist should be an expert in the knowledge of drugs and their selection. He must know them on sight, taste, smell and color, and some things by the sense of feeling, their weight and density. He must know if the constituents of a prescription are compatible or incompatible. He should be a guard over the mistakes of the physician, for he is not infallible and is liable to err. The responsibilities are many, and his reward should correspond to its exactions. The responsibility of the pharmacist rises in magnitude and grandeur, often surpassing that of the physician who wrote the prescription and intrusted it to his hands; for if he be unskilled in his art and incompetent, he may at any moment be guilty of manslaughter by trifling with human life. It is not the purpose of this paper to teach pharmacy or chemistry, but to point out the requirements of a pharmacist which leads up to "a better pharmacy."

The science of pharmacology is of a high order, for it requires both natural and acquired abilities which all men do not and cannot possess, for while the one may be born with us, the other is the result of education. To be a good pharmacist requires first, a fine and sensitive organization—a man who appreciates his place in the world—highly conscientious and sympathetic, possessing these qualities, art and perseverance will furnish the rest.

No man who is the slave of tobacco, opium, ardent spirits and other narcotics will ever be a safe and good pharmacist, and should NEVER be instructed to prepare medicines for the sick and

dying, for he is not a safe man. No substitutor should be allowed inside of a drugstore, for his whole nature has become so debased that he cannot be trusted, and should be outlawed and driven out to find his proper place among thieves.

In the great majority of all retail drugstores will be found more or less old, inert and depreciated stock, and there is also much of an inferior quality, and much that has been adulterated and unfit for prescriptions. This statement is one that no honest man will gainsay, because it is true. How this condition of things is going to be overcome is very hard for me to say; but it exists nevertheless in some of the best of our pharmacies and always will under our present system of dispensing medicines.

Many of the evils of which I complain may be remedied and the causes removed; and the first step in that direction will be to employ no pharmacist who is not a graduate of some recognized college of pharmacy, and he should not be allowed to dispense drugs without a license.

"A better pharmacy" will never exist until the horde of miscreants engaged in the business is driven out and debarred from the rights of citizenship. While the great body of wholesale and retail druggists are honorable men, there is a sufficient number in the trade who do not scruple to substitute their own frauds in place of the article or articles called for in the prescription, and this is done to an alarming extent in all parts of the country, and in almost every case this is the work of the principal and not the employe, for he has but little or no inducement to defraud the sick and the dying.

There seems to be an epidemic of substitution within the past few years, men who in years past would have scorned to trifle with human life for a few pennies, are quite ready to trifle with physicians' prescriptions, and if by chance they should be detected in their unhallowed work, will say, "Oh, it is just as good." This fraud is not only practiced in small shops, but in the most respectable pharmacies in the whole country, and the richest, as *I do know.*

Recently in the city of San Francisco, I had reason to suspect one of the leading pharmacists of dispensing fraudulent prescrip-

tions. I sent a reliable and trusted gentleman to California as a detective. He went, and employed one of the best known physicians to write seven prescriptions for a noted special preparation, and sent the seven to the same store at different times. Of the seven, not one was the article written for. They had wilfully substituted their own counterfeit for the genuine prescription. On consulting an attorney for his advice, he said, they are rich, and if you institute a suit against them they will fight you to the death; it will cost you much time and money, and it will be very doubtful if you can obtain a verdict against them; and this in a state where there is a fine of *five hundred dollars* for the crime of substitution.

I will cite one more instance of substitution practiced by a leading drug firm on State Street, Racine, Wisconsin. The house was considered one of the most respectable and reliable in the city, and the leading physicians sent them their prescriptions. Dr. Fancher of the same city and street, sent the New York Pharmaceutical Company a letter complaining of the quality of Hayden's Viburnum Compound, saying that it did not come up to the standard to what he had usually employed, and did not produce the same desired results in a case of threatened abortion, which it had always done previously. The taste and smell of the "H. V. C." was changed. Result: the lady had miscarried. Dr. Fancher's letter was referred to me for reply. I wrote for a sample of the Viburnum Compound, which was sent. On examination I found it was a fraudulent mixture made in the store where the prescription had been filled.

The company after some further correspondence with Dr. Fancher, sent a physician to Racine. He went to a hotel, wrote a prescription, for two ounces of "Hayden's Viburnum Compound," and sent it to be filled by the same fraudulent pharmacists, which they did and returned it by the messenger. Need I inform you that it was a vile counterfeit? The physician who had ordered the prescription went to their store and confronted the lions in their den. They stoutly denied the charge of substitution, but finding that lying would not shield them, they confessed their knavery, and following the doctor to his hotel,

begged not to be exposed, and endeavored to compromise the matter, which they could not do, and were denounced to the principal physicians of Wisconsin; in which state there is no law against fraudulent substitution.

You, Mr. President, ask for "a better pharmacy," which you can never have until you put down the crime of substitution. In the case of Dr. Fancher's patient, the patient lost her child and might have lost health and life as well, from the greed of those miscreants, who, for a few dimes at most, would not hesitate to jeopardize and destroy life. The two cases to which I called your attention are by no means solitary exceptions; such cases are very numerous and of daily and hourly occurrence. If any special preparation has a good reputation and sale, it is at once counterfeited and substituted.

If you should chance to detect one of those rogues in his work, he will tell you with the most brazen effrontery that "his preparation is just as good or better." He will say it is made from the same original prescription, well knowing that there is no truth in his words. We can never have "a better pharmacy" until these vampires are driven out of the community which they outrage. Some decided action should be taken by every medical society in the land to put a brand upon them, that they be known and shunned by all honorable men.

For the past few years vigorous attempts have been made in several states, notably in New York, Ohio, Illinois and Iowa to have special laws enacted, ostensibly in the interest of the dear people, for the exclusion of all proprietary and special preparations from those states: These benevolent conservators of the public interest, (none of whom have petitioned for such disinterested acts) want to abolish all medicines which may not be prepared or compounded within their respective states. To this end, they propose that all proprietors of so-called patent medicines shall pay an annual license of fifty dollars; they shall affiix to every bottle or package a revenue stamp, and further, they shall print and place upon all such medicines in plain English, the working formulæ of such medicine; any failure to comply with such a law is to be visited upon the head of the offender with fine and imprisonment.

The intent and meaning of such a law is to force the people to patronize home products, a sort of state rights league for the benefit of the local pharmacists, who may not be in favor of competion—an attempt to make any non-resident of a state, an outlaw. With your patience I will try to show you why such laws should not exist.

First.—Such laws are not in favor of the people, who have not asked for them.

Second.—All such laws will encourage and promote fraud and injustice in pharmacy and the drug business.

Third.—Such laws are intended to protect and encourage deception and substitution, if not directly, certainly indirectly.

Fourth.—It will protect monopoly by shutting out all competition. It denies personal rights and personal preference, deciding against the customer and in favor of the local apothecary who may or may not be competent in his business. His stock may be old, inert and comparatively worthless, and it may have been in his bottles and boxes for years, but it is the best he has, and all he has, and it *must* be sold; besides he is the only pharmacist in the place, so you must take his goods if you do die, and you cannot die but once.

Your child is very ill and you want a favorite preparation which has always served you well, but you cannot have it, your druggist does not keep it in stock; it is a proprietary article and the maker has not complied with the law made in favor of the local pharmacist, so you cannot have it.

Your apothecary may be a very poor pharmacist, he may know but a very little of the science of his art, he may be an opium eater, he may be cursed with the alcoholic habit, cocaine, chloral or some other infirmity; you have "Hobson's choice" so you must take Hobson's physic or die, and if you are wise you will die without Hobson's physic.

While I am speaking of the exceptions to the rule, the exceptions will become the rule if the laws sought for by some of of the states are passed, for every encouragement and protection will be afforded the incompetent and the dishonest pharmacist to ply his trade. While the majority of the druggists and pharmacists are educated and highly honorable men, a few of

the opposite class will cast a dark shadow over the whole profession; therefore it is very important that every man of good reputation should exert his best influence to raise the standard of his business; forming associations and admitting no one to membership whose reputation is in the least questionable, for the honest ones would be compelled to suffer with the guilty. "Touch pitch and you shall become defiled."

Many of our best preparations in the pharmacopœia were at one time private or proprietary; they were the products of experience and observation of some physician which ended in demonstration, and are of great value; and they could not have originated otherwise, for we have no legal or authorized manufacture of formulæ—no college to originate remedies. The mother of them all was empericism. Some of the finest and most valuable of our remedies to-day are proprietary, and we have no more right to say to the originator you shall give us your working formulæ, then you have to compel him to give up his hat and coat, and himself go hungry to bed. If you would have the products of his brains and his hand, pay him the *quid pro quo*, and show your benevolence by presenting it to the profession. When you do this, gentleman, you will have "a better pharmacy."

No retail pharmacist will pretend that in exactness, nicety, and quality, that the apothecary, whose time is divided among a variety of pursuits, selling fancy articles, tobacco, cigars, tending a soda fountain, dispensing ardent spirits, keeping a postoffice, which duties are occasionally interrupted in compounding special prescriptions, is as well prepared to make up some remedy for the sick, where the eighth or a quarter of a grain more of some dangerous drug would cost the patient his life, as an expert whose whole time and attention is given to the selection and manufacture of special preparations such as are made by Schieffelin & Co., Wyeth and Bro., Wm: R. Warner & Co., and many others of the same class. Certainly not, yet if the proposed laws of which I have spoken are enacted, many of the goods manufactured by these houses, where none but the most expert pharmacists and chemists are employed, would be

shut out from sale on pain of penalties. The very laws sought for would injure every wholesale and retail druggist in those states, but more than that, it would force the physicians to send out of the state for his remedies, and a still greater hardship and danger would be imposed upon the poor patient for the want of proper medication.

The code of ethics condemns the physician who prescribes any proprietary medicines, it matters not how great its merits may be, and asks the proprietor to give his formula to the profession, without reward or other consideration. The physician, in turn, writes his prescription, sends it to the corner drug store to be filled, and the next step in its history is for some charlatan to make a patent medicine out of it—and he does it so often—adding two or three other good things to relieve his conscience for the theft, thinking that if one thing is good two or three will be still better; so it travels until it loses its identity and its value.

Mr. President, we want "a better pharmacy," but we shall never have it until some of the evils of which I have briefly spoken are removed. It must be a severe misdemeanor for anyone to substitute any medicine in a physician's prescription without his written consent over his own signature. No man, having been found guilty of substitution, should ever be admitted again to practice in pharmacy in the United States; and it should be a penal offense for any apothecary to employ him in a drug store. Such a law, properly enforced, would be the first and most important step in "a better pharmacy."

In conclusion it will be observed that I have made no attempt to even suggest a better scientific pharmacy for that would be a task requiring a greater ability and knowledge than I possess, though it is one I can appreciate. The art of pharmacy is not expressed in the compounding of drugs; in it are combined botany, chemistry and natural history. The true pharmacist is a gentleman and scientist, and is in no relation to Shakespeare's hungry apothecary. In this paper I have only aimed to point out some of the obstacles which obstruct the road to a higher and "a better pharmacy."

ARE WE GETTING THERE?

OR, THE REMEDIES OF THE PROGRESSIVE PHYSICIAN.

By GEO. COVERT, M. D., Clinton, Wisconsin.

An eminent Methodist divine has for the title of a lecture, "The Get-theres." This Carlyleism is suggestive, at once, of energy, determination, action, progress and success. It is the boy *Excelsior* at the mountain top; or, perchance, only the noisy zeal of the campaign shouter.

There is so much presence of doing something in the world, one must needs discriminatingly estimate the clamor for what it is worth, in order to distinguish real from simulated progress. There is, in reality, a vast difference between real and apparent motion. Your eyes deceive you into thinking it is your own train, instead of the neighboring one, which is pulling out. Appearance led the ancients to believe that the sun revolved around the earth.

I think it worth while to consider, for a little, in a plain, practical manner, whether we, as physicians, are really "getting there" amidst all this hubbub about progress, science and the like. It is not safe to trust to appearances and popular clamor. It is not synonymous with "getting there" to rush after every new remedy which presents itself. Yet, the true test of progress is in the remedies employed.

Therefore it is that I purpose to set forth the characteristic classes of remedies which mark the practice of the real progressive physician.

I count that physician progressive, whenever he lived, who had for his creed and rule of practice, "cleanliness is next to Godliness." Contrariwise, no physician can, by any possibility, be entitled to the name *progressive*, who does not fairly estimate the nature and importance of cleanliness.

Cleanliness is the eternal warfare against dirt, while dirt is simply matter out of place,—or, in the wrong place. I am not referring to the cleanliness of the housewife, ever on the chase after imaginary cobwebs, or of the Beau Brummels with their im-

maculate shirt fronts. What I mean to say is this,—that the physician must recognize dirt as the haunt of the microbe, and that diseases, external and internal, may be obviated, or may be cured by the application of proper cleansing remedies. The simple remedy to be employed may be only the mechanical, solvent action of water to remove that which, by clogging, interferes with secretory and excretory functions, or, by its presence, affords a habitat for the insidious germ. It is well that attention to such hygienic measures are no longer considered beneath the notice of the professor of the healing art.

My mind retains a lasting impression of an incident which occured in my boyhood days. A neighbor had a very sick child. The old family doctor was duly called, but his remedies failed to ameliorate the condition, and a younger physician was called in. His eye took in the situation. He called for warm water and a particular brand of soap. "Now take a wet sponge and apply some of this soap over a small portion of the body; then rub with a cloth until thoroughly dry, and so proceed over the entire surface of the body." "Why, doctor," exclaimed the mother, "this seems very much like washing the child!" "Very like, indeed," responded the doctor. The result was all that could be desired, and a placebo completed the cure. It is progressive to use washings, aseptic and antiseptic, and make cleanliness diminish the risk of infection from contagious diseases. An instance in point is the use of asepsin or sublimate soap in bathing one who has had scarlet fever; or a decoction of sassafras bark may be substituted for the soap, as a cheap domestic remedy within the reach of the poorest.

For internal cleansings, our fathers in medicine depended upon purgings and pukings, but now the progressive way is to thoroughly lave the internal man by the agency of the syringe and other devices. The stomach tube and the fountain syringe are coming to be family necessities. By their timely use, foulness is removed, aches and pains avoided and a doctor's fees escaped. They are pleasanter remedies than the old-time emetics and cathartics, and when judiciously prescribed, more remunerative to the physician. Some time since, a patron of mine heard of an

eminent surgeon in Milwaukee, Wis., who had the reputation of curing stomach troubles by lavement. He took his poor, afflicted mother to the "cream city," and watched the operation performed daily at $3.00 per douche. He caught on to the *modus operandi* with the tube and and syringe, warm water, soda and salt. When their finances ran low, he visited an instrument dealer, invested $1.50 in the necessary apparatus and then they returned home, he making it his business thereafter to keep his mother's stomach clean. I do not wish to be understood as advocating the habitual practice of lavement to keep the stomach in a state of cleanliness, but that a foul, disordered condition may be remedied in this way.

Also, in the early stages of typhoid fever, the indications for treatment are for a removal of decomposing and toxic substances which find their lodgement in the colon. Irrigation is the progressive and rational remedy. Thoroughly flush the colon with warm aseptic water, or a mild antiseptic, lukewarm, salt water, with the result of removing accretions of ill-smelling faces and scybalaptomaines and all.

It is found thst infantile diarrhea and vomiting yield readily to washings of the stomach and rectum with boric acid water.

There may also arise conditions when the proper measure is irrigation of the bladder, either directly, by means of the fountain syringe, or indirectly, by introducing into the rectum a quart of warm antiseptic solution following a cleansing enema, and allowing it to become absorbed and discharged, for the most part, through the bladder.

Cleanliness in the treatment of ulcers, wounds, abrasions, etc., consists in thwarting the hospitable intent of the pestiferous microbe.

These instances will suffice to show that washings, internal and external, are not only prophylactic, but good therapeutic agencies. It is, indeed, difficult to say whether the progressive physician deals most in therapeutic or prophylactic remedies. He is, certainly, not progressive, if he has not the faculty of foresight and does not stand prepared to meet approaching conditions half-way.

2. Again, that physician is progressive who has regard to food remedies and dietetics. Up to a recent date, we have had only vague knowledge of the subject of dietetics. As our knowledge advances, it becomes more clear that a large per cent. of our chronic ailments, to say nothing of the acute, are traceable to wrong diet.

With our increasing chemico-physiological knowledge, it comes within the province of the physician to regulate the dietary of his patients. I hold that is his privilege, not alone to exclude those articles which are difficult of digestion and harmful under existing circumstances, but that he may use such means of sustenance as have a direct prophylactic or therapeutic value; as for example, coffee in typhoid conditions, mucilaginous drinks for their soothing influence on mucous membranes, and milk and malt with peptonoids. Then, too, the progressive physician knows how to sustain nature by food remedies. In cases where exhaustive processes have gone on rapidly and to an extreme, recuperation must ensue with equal speed, or there is collapse. Hence, there is always found in his hands the best concentrated foods, which do not tax the digestive organs, which are readily and rapidly assimilated, and are adapted to the needs of the system. Thanks to our many enterprising chemists and pharmacists, there is no lack of food products on the market from which the physician may chose that combination which seems best adapted to the particular conditions of the case in hand. Of course, the laity regard these foods in the light of medicine, but that is immaterial. The physician does not forget that the value of these remedies is their food value. His skill consists in knowing how and what to feed the tissues, the blood (and, in this highly neurasthenic age), the nerves.

Perhaps the latest addition along this line is the animal extracts. In the laboratory, nowadays, there are those who, from the brain, extract cerebrine for diseases of the brain. From the spinal cord medulline, for diseases of the cord. From the heart, cardine, for diseases of the heart. From the testes, testine, for diseases of the testes, etc. I have not been progressive enough to test these remedies, and cannot say that they have the thera-

peutic value ascribed to them. Yet, as pepsin meets certain deficiencies of the stomach, so, possibly, these extracts may be useful under certain tissue-starved, anemic conditions. However these remedies, along with tuberculin and the various cultures, seem to belong rather to the province of the experimentalist than the wisely, progressive physician.

3. The progressive physician has regard to the natural history of the maladies he is called upon to treat. The legitimate corollary is the employment, in his hands, of what may be termed natural methods of treatment. So I must include among the important remedies which he uses, that simple one which cannot be had at the pharmacists, for which he need write no prescription, but which, when faithfully and judiciously employed, will crown his efforts with success. As, in many cases, it is lack of rest which brings him his patients, so rest must be the principal agent upon which he depends for cure Rest for the digestive organs through abstinence, or change of diet; rest for overworked heart and weakened lungs, through enforced quiet and blessed sleep; specific rest for specific organs. Expedients to secure the desired physiological rest, test the wit and ingenuity of the physician. How secure brain rest when there is the anxiety of responsibility, or the worry of harrassing business, or the burden of family care, or the hurry and stress of fast living, which are the occasion of neuroses and gangliasthenia lesions. But, not only is rest indicated as a remedy for exhaustion from overwork but the processes of repair in acute diseases are accelerated through rest, either general, physiological, or mechanical. I believe that efficacy of our drugs consists largely in the physiological rest which they induce, either general or in localized parts. For instance, in fever we must give arterial sedatives to reduce the excitement of the vital forces and secure functional rest. In inflammation, the end we seek is rest. In the inflamed eye, the irritant is removed if possible, soothing remedies applied, and light excluded. In inflammation of the bowels, we allow nature to suspend the functions of the bowels, quiet peristaltic action, employ proper means to allay irritation and remove its cause. I believe the real value of local anaesthetics lies in the physiolo-

gical rest for the part thus secured. Why does opium, introduced into the auditory canal relieve toothache, or belladonna applied to the eyebrows or eyelids prove beneficial in iritis, except for the physiological rest secured through the medium of the branches of the fifth nerve. I need but mention the mechanical rest secured in mastitis, in the stages preceding suppuration, by means of confining strips of plaster, thereby relieving the gland from the performance of its normal function. In surgery, mechanical rest is cure, and the art of surgery, in the main, consists of devices and methods ef securing rest. Let us be progressive enough to give rest its dues as a therapeutic agent.

4. Again, the progressive physician, in his remedies, has to consider that man is not simply an animal, like the dumb brute. He must not ignore the fact that man has a psychic as well as a physical nature, and that, by his remedies, he is able to influence one system through the other. He cannot but perceive that purely mental causes may induce disease, and disease, on the other hand, often produces abnormal mental conditions, and these reciprocal relations must be taken into the account. As Dr. Forbes Winslow has said: "Although such influences are admitted to play an important part, for good or evil, I do not conceive that, as physicians, we have sufficient appreciation of their great importance."

The *vis medicatrix naturæ* is the outcome of vital action, and all the agents of our *materia medica* should have but this one purpose—to incite vitality to an increased or proper exhibition of action; and yet, vital action is in the trust of the vegetative system, otherwise denominated the sympathetic nervous, or ganglionic system. It is this which is first created in our bodies, and is the last to die; which is so generally distributed that every pin-prick finds it; and which, in its entirety, constitutes the major portion of the bulk and weight of the body. More than this, it is so intimately bound up with the cerebral nervous system that, like the Siamese twins, there is no possibility of any divorce. What affects the one affects the other, for weal or for woe. It accordingly behooves the progressive physician to be up in psychotherapeutics.

"But," you ask, "what are the remedies of psycho-therapeutics?" First, they may be drug remedies. Insanity—morbid mental phenomena—may indicate no brain lesion, but more or less gangliasthenia, local or general. The renovating power may be augmented by proper nerve tonics or nerve foods, when, by a correction of the functions of nutrition, secretion and absorption, through ganglionic innervation, mental aberrations will disappear. Understanding somewhat of phsychic pathology, he will study the neurotic action of drugs, and employ every medical agency with reference to its influence on the sympathic nervous system. When indicated he may energize the ganglionic system, by causing contraction of circular fibre, accelerating capillary circulation, removing congestion; or by sedatives, relieve ganglionic tension of circular fibre; or by tonics, increase spinal nerve energy; augment digestion and assimilation.

I have thus far spoken of mental or nervous disturbances as symptoms of vaso-motor or other neuroses. The cerebro-spinal system is not the focus of vitality. Yet, because in the encephalon there are nerves vaso-motor, as well as cerebro-spinal, all the emotional influences which sweep over the human soul are felt in all the vegetative processes, which are not under the control of the will. As all the glands of the body are affected by mental influences, the saliva being made copious or suppressed, the mother's milk poisoned by rage, and scirrhus induced by grief or disappointment, as gloom and despondency lead to biliousness, brooding to diabetes and violent grief to nephritis, as emotion may result in apoplexy, hysteria or insanity, it is only too apparent that physical conditions are caused by mental states. Hence, if mental states exert such a powerful influence, there is placed in the hands of the physician a powerful means of effecting cure. The mental states just mentioned are spoken of as depressing, and are literally so to the vital power. There are others just as truly exhilarating, New energy comes to the inner man, and the mind, the lord of the body, transmits it as increased power to resist disease.

The psychical method of cure consists in the methodical manipulation of the mental states of the patient by his physician.

It is scientific on his part to induce a wholesome condition of the mind, to enlist the will, the imagination, and the moral energy in the support of *vis medicatrix naturæ*. "The merry heart doeth good like a medicine," because everything that lowers a patient's spirits weakens the nerves which control the movements of his heart and blood vessels. Here you have the secret of the "Divine Healer." It is not foolishness, then, but true wisdom for the physician to seek to inspire confidence in himself, faith in his remedies, and delight in his professional visits. The sympathetic bearing, the bright ways, the cheery words, the humorous stories, are very properly to be classed among the remedies of his medical armamentarium, whereby he influences wholesomely the physical organism.

5. There is still another psychic remedy which approaches the volitions of the patient, not indirectly, but directly. I refer to that which is known by the names of animal magnetism, mesmerism and hypnotism. It is a subject involved in a great deal of mystery as to the exact nature of the force. Dr. R. A. Gunn pronounces "animal magnetism a subtile, imponderable force of energy, which is developed as the result of the changes that are constantly going on in the cells of the nervous system." Dr. Wilder observes that, "mesmerism has demonstrated that vital force, like animal warmth, can be imparted from one living being to another." Dr. McKendrick, of the University of Glasgow, says, "The condition seems to be one in which the sensory impression leads to no conscious perception and to no voluntary movement. The patient is, in a sense, an automaton played upon by the operator." I conceive its therapeutic value to consist in this: (1.) The mind of the patient so withdraws its control of its volitions, and so relaxes its activity, that it does not cognize the reports sent in by the sympathetic nerves and, thus, the cerebral-nervous system is permitted to act mechanically. In this way it becomes a remedy for pain and insomnia. (2.) The patient receives an increment of vital force or nervous energy from the operator highly valuable in functional disorders of the nervous system and other troubles indirectly the result of such disorders.

While I firmly believe that animal magnetism has its rightful place in psycho-therapeutics, I am also aware that it is an agent which not every practitioner possesses or can use. Vital energy is a force which is expended in many directions, and the physician may not have any superabundance to spare for exhibition in this way; or, if he has, may not have learned the secret of transmitting at will from himself to another. I submit it as a remedy which the progressive physician will consider worthy of his respect and investigation.

6. I must, also, call attention to another remedy which the progressive physician can by no means ignore. Among the leading forces in nature is electricity. Like light, heat and chemical action, it sustains important relations to human life. Just what the nature of this force is, and how it affects the body is a problem of many phases requiring more than superficial consideration. Although electro-therapeutics has been cradled in ignorance, its practitioners ignorant laymen, and its methods empirical, the traveling charlatan, with his little battery, has achieved results which bear indisputable testimony to the therapeutic value of the electric current. It is a popular phrase that electricity is life and, nowadays, when everything else fails, the patient is recommended to try electricity, sometimes with success, as often with failure. The facts, as now known, are that proper, not hap hazard. electrization is beneficial.

That its effects are stimulating, sedative and tonic, of great versatility and wide scope of application; and that to secure its legitimate sanative effects, the electrician must be an intelligent physician, versed in this line of knowledge. So the progressive physician has something to learn if he would become a good electro-therapeutist.

He must become proficient in neurology, in electro-physics, in electro-physiology; must understand animal elecricity and the electro-conductivity of the body, the actions and reactions of the franklinic, faradic, and galvanic currents, and the effects of electricity upon the body in four-fold aspect, mechanical, physical, chemical and physiological.

7. Now, a word as to the drug remedies which are really pro-

gressive. In my opinion, they are not necessarily "new," they need not be the ones of most notoriety. But the drug used must subserve the particular physiological need.

It is not my aim to set myself up as authority on remedies. To you who read the best medical literature, who keep in touch with progressive ideas in your state and national meetings, it is not necessary to specify individual remedies. With the ample resources of our *materia medica*, we are not limited to any dozen remedies.

While there may be considerable diversity in the means employed, the end aimed at and attained is the same.

By way of illustration—while I, to influence cardiac circulation, may use nitro-glycerine, cactus and digitalis, you may prefer strophanthus, convallaria and sparteine; for prostatic diseases, I may use saw palmetto and thuja, another staphysagria and salix nigra aments; in jaundice, I may use chionanthus and podophyllin, and leptandrin and sulphate of manganese; for hemorrhage, I may use hamamelis and pinus canadensis, another hydrastis and ergot; for insomnia, I may use sulphonal, passiflora and valerian, another may use cannabis indica, bromide of potassium and chloral; for enuresis, I may use rhus aromatica, belladonna, another santonine and thuja; for the nervous system, I may use phosphorus, celery, cocoa and kola nut, others may use cypripedium, scutellaria, potassa bromide and œnothera; in croup, I may use jaborandi, stillingia liniment, kali bi-chromicum and iodide of lime, others may use aconite, gelseminum, iodide of sodium and acetous emetic tincture. In a nutshell, the progressive physician uses the best sanitary measures and prophylactics, he uses antiseptics when sepsis is present, he uses germicides when germs are interfering with life processes. For specific purposes, he uses the most approved drug remedies, in their concentrated form and as prepared by the progressive pharmacist.

The progressive physician has a reason to give for the faith that is in him, and is unquestionably *eclectic*.

SECTION B.

JUNE 19, 1895.

Theory and Practice of Medicine. Chairman, C. Edson Covey, M. D.; Vice-Chairman, William Bell, M. D.; Secretary, George Covert, M. D.

None of the officers of this Section were present, except the Secretary, so the Section was not organized. The following papers were handed in:

PAPERS PRESENTED.

DIET IN TYPHOID FEVER.

By J. A. PERRY, M. D., Calhoun, Georgia.

I will venture to offer a few words in regard to the proper diet of typhoid patients—the treatment of which disease has already been so much discussed.

Last year Calhoun and its vicinity had a regular scourge of typhoid fever, and, being called to attend a great number of these cases, I, therefore, speak from experience. Having tried most all, if not all, of the new diets laid down for typhoid patients, I find that none excel parched coffee. I do not mean coffee you buy ready parched, but that you must parch it yourself.

Take the best article of green coffee, and parch slowly until it becomes very brittle, but be sure not to scorch it· then make a strong solution of it in the usual way of making coffee; add a small quantity of fresh cow's milk, and give the patient as much as he, or she, desires,—not allowing anything else in the way of food, at least, until the fever is broken; after which small diets may be administered. By doing this hemorrhage, dysentery and tympanitis will be prevented. I invariably anoint over the bowels, from the day I am called in until fever is broken, with hog's lard and gum camphor, of each, seven and one-half parts; spirits of turpentine, one part; put altogether in a tin cup, set for a short time on the fire till mixed; then apply every four to six hours.

INFANTILE SYPHILIS.

By E. T. GAUSREAUX, M. D., Superior, Wisconsin.

We understand under this name, hereditary syphilis, and the acquired syphilis of infants. We call the first congenital. The second does not differ from the first, but it offers from a medico-legal point of view, some very important considerations; it may be acquired at the moment of birth, or afterwards. For the hereditary syphilis the problem consists of inquiries: first, the influence of the father? second, the influence of the mother? third, that of both parents united?

First, the father alone being syphilitic.

The influence of the father's syphilis on the child to be born, is admitted by the majority of syphilographers. There are, however, some who are heretical. What may be the value of the opinions they defend, I will admit the grievous influence of a syphilitic father; this influence admitted, we must not elude some secondary points of the problem. Could the fœtus infected by the father, directly infect the mother? Some practitioners refuse to admit the possibility of this mode of contagion; but the greater number of observers admit it, and the observations they report prove that the effect upon the mother after confinement does not differ in any way from those of ordinary syphilis.

Mr. Melchior Robert says: "That, if sometimes the influence of the fœtus is less evident, we, nevertheless, see the woman grow pale, shrivel, grow lean and fade; if any more pregnancies follow, the poor mother will pay with her life for a fault she has not committed."

Can a syphilitic man cohabiting with a pregnant woman, directly give the syphilis to the fœtus, without impreganting the mother? Notwithstanding the opinion of several physicians, I answer in the negative. The menstrual flow cannot serve as a vehicle for a virus without being infected itself. Those who answer in the affirmative want to prove too much. They report one observation of Albert, in which the paternal influence had prolonged itself beyond the father's death and that without the woman participating in the infection. "A widow was married

to a second husband, and the children of the second man were syphilitic, although the latter husband was not syphilitic."

Second, the mother alone being syphilitic.

The infection is certain, and no one can doubt of this mode of contagion. This infection can occur in two ways; either the mother was infected previous to conception, or she has contracted syphilis during pregnancy. When the infection of the mother precedes conception, the infection of the fœtus is certain. On this point observers are unanimous.

If the woman contracted the infection during pregnancy, the fœtus *may* be infected; but here there are restrictions, as we have seen syphilitic women bring children into the world without disease. It is wise to believe the possibility of infection at all epochs. It is rare that the fœtus is contaminated, if the mother contracts syphilis after the seventh month.

Third, both father and mother being syphilitic.

After having admitted the possibility of the infection of the fœtus if either parent is syphilitic, it is evident that the chances to escape infection are greatly diminished if both parents are under the influence of the virus.

We would ask, can syphilis be transmitted by heredity at all its different periods?

Secondly, is it necessary that the parents show symptoms of syphilis to engender infected children?

The first of these questions is answered affirmatively, by all observers. Nevertheless the production of the infection is more or less sure, in proportion as the infected parent is older or younger. A distinguished author refuses to admit that tertiary syphilis is infectious; because infection at that period brings with it sterility; however barrenness is not always absolute in these cases.

What I have said on hereditary syphilis may be summed up in the following rules:

First.—The hereditary tendency is not more certain in syphilis, than in any other constitutional disease, the father and mother being infected.

Second.—Both parents being under the influence of the virus, their offspring has no chance of being exempt.

Third.—If only one parent is infected, the chances to escape the infection augments in favor of the child, but are greater if it is the father who is infected.

Fourth. The syphilitic mother almost certainly infects the child, although the child may escape the infection, if the syphilis is contracted during the last two months of pregnancy.

Fifth.—It is not necessary to the infection of the child, that the parents show actual symptoms of the disease at the moment of conception.

Sixth.—Syphilis is transmitted at all periods.

DISEASES PREVALENT IN WASHINGTON.

By Wm. M. Smith, M. D., Montesano, Washington.

This subject assigned to me by our worthy president, is not in my line of thought or to my liking, yet, after thinking the matter over, I have concluded to take it up, and disseminate what knowledge I have on the subject. I quote from the Third Annual Report of the Board. The Board of Health of the State of Washington is appointed by the governor, and consists of five members. After a careful examination of the statistics given in the Third Annual Report I find that a large number of the various diseases prevailed here during the year. The most deaths were from consumption, 195. There were 194 deaths from accidents, giving the remarkably large proportion of almost twelve per cent. of all the deaths. If to these deaths we add homicide seven, and suicide forty-five, it gives us a total of 246 deaths from violence, a little over fifteen per cent. of all "known" causes of death; a higher proportion than is found in any other state in my knowledge. Seventeen were caused by railway accidents; thirty-six were asphyxiated in a mine; fifty-eight drowned, and fifty-four were returned as accidents, without stating their precise nature.

I came from Woodland, California, and located at Montesano, the county seat of Chehalis county, Washington, March 1st, 1890, just with the commencement of the boom, and the only eclectic in the county, and none of my own school to consult, or

council with. I have treated over thirty-five hundred, with a death roll of five only. "Specific diagnosis, specific medication and specific medicines," have made a good showing in my hands. I carry a full assortment of specific medicines, and dispense my own medicines, to which I attribute much of my success.

I have been frequently solicited for copies of the Medical Laws of Washington in cheap form. They are only published in Hill's Annotated General Statutes at a cost of ten dollars, so for the information of whom it may concern, I append hereto, a copy of the act regulating the practice of medicine in this state.

"SEC. 2844. The governor of this state shall appoint a board of examiners, to be known as the State Medicine Examining Board, consisting of nine members, who shall be learned and skilled in the practice and theory of medicine and surgery, and who shall hold their office for three years, or until their successors are appointed and qualified."

"SEC. 2846. Hereafter every person desiring to commence the practice of medicine and surgery, or either of them, in any of their, or its branches in this state, shall make a written application to said board for a license so to do, which application shall be supported and accompanied by an affidavit of such applicant, setting forth the actual time spent by the applicant in the study of medicine and surgery, and when; whether such study was in an institution of learning, and if so, the name and location thereof; and if not in such institution, where and under whose tutorship such study was prosecuted; the time said applicant shall have been engaged in the actual practice, if at all, of medicine and surgery, or either of them, and where the applicant was located during the time of such practice, and the age of the applicant at the time of making such application, such application and affidavit to be filed and preserved on record in the office of the secretary of said board; such applicant, at the time and place designated by said board, or at the regular meeting of said board, shall submit to an examination in the following branches, to wit: anatomy, physiology, chemistry, histology, materia medica, therapeutics, preventive medicine, practice of medicine, obstetrics, diseases of women and children, diseases of the nervous system, diseases of the eye and ear, medical juris-

prudence, and such other branches as the board shall deem advisable. Said board shall cause such examination to be both scientific and practical, and of sufficient severity to test the candidate's fitness to practice medicine and surgery; which examination shall be by written or printed, or partly written and partly printed questions and answers, and the same shall be filed, and preserved on record in the office of the secretary of said board. After examination, if the same be satisfactory, said board shall grant a license to such applicant to practice medicine and surgery in the State of Washington, which said license can only be granted by the consent of not less than five members of said board, except as hereinafter provided, and which said license shall be signed by the president and secretary of said board, and attested by the seal thereof. The fee for such examination shall be ten dollars, and shall be paid by the applicant to the treasurer of said board towards defraying the expenses thereof; and such board may refuse or revoke a license for unprofessional or dishonorable conduct, subject however, to the right of such applicant to appeal from the decision of said board refusing or revoking such license as hereinafter provided."

ACTS CONSTITUTING UNPROFESSIONAL CONDUCT.

"SEC. 2847. The words "unprofessional or dishonorable conduct" as used in section twenty-eight hundred and forty-six of this volume of General Statutes, are hereby declared to mean:

"1. The procuring, or aiding, or abetting in procuring a criminal abortion."

"2. The employing of what are popularly known as 'cappers' or 'steerers.'"

"3. The obtaining of any fee on the assurance that a manifestly incurable disease can be permanently cured."

"4. The willfully betraying of a professional secret."

"5. All advertising of medical business in which untruthful and improbable statements are made."

"6. All advertising of any medicines or of any means whereby the monthly periods of women can be regulated, or the menses re-established if suppressed."

"7. Conviction of any offense involving moral turpitude."

"8. Habitual intemperance."—(March 28, 1890, Sec. 4.)

SECTION C.

JUNE 18, 1895.

SUB-SECTION I. *Surgery, Operative and Minor.* Chairman, John Tascher, M. D.; Vice-Chairman, John V. Cosford, M. D.; Secretary, A. P. Hauss, M. D.

This Sub-Section was duly formed; E. J. Farnum, M. D., acting as Chairman, and A. W. Smith, M. D., Secretary.

PAPERS PRESENTED.

OPERATIVE SURGERY.

By E. J. FARNUM, M. D., Chicago.

The practice of operative surgery is becoming comparatively in a fixed condition, so far as the general acceptance of its methods are concerned. We have in our school, in the different sections of the country, men whose views with regard to the indications for operations as well as the technique of procedure, are very much the same. The principles and practice of surgery, as taught in the different eclectic colleges, are quite similar, perhaps differing only as the individual peculiarities of the various surgeons would differ. There is, however, a prevailing difference in opinion between those in our school, who have an extensive practice in surgery, and those who depend entirely upon the use and administration of medicines for the relief of their patients. It has been observed that a doctor who follows some particular line of practice in his profession, or a specialty, is very apt to fall into certain bad habits, and quite liable to look at a patient from the standpoint of his specialty, and his opinions with regard to the case are liable to be one-sided. If the doctor be a surgeon he is too apt to depend entirely upon the use of the knife for the cure of the patient's difficulty, while if he is in some other line of practice he is searching for the nature of the whole trouble, and attempting to locate it in that part of the body which he treats in his specialty. We frequently observe physicians in our school who are attempting to relieve patients by the

administration of medicine, or the meeting of specific indications with specific remedies, when the only means of relief in the case is that of a surgical operation. Such mistakes as these should not occur. The patient should certainly be entitled to treatment from one who has broad and comprehensive ideas of the principles and practice of surgery as well as the practice of medicine. It is probably true that the one thing in connection with the success of the surgeons in the eclectic school, that distinguishes them from surgeons in any other school, is the fact that they depend largely on the use of medicines to assist their patients in connection with a surgical operation. It is the purpose of this convention, and especially of this section, to present such an interchange of ideas that each one of the members present should have a better conviction of the adopted principles of operative surgery.

The surgeon should be adroit, and possessed of manual skill. He must be a good, rapid workman, and his work must be thorough and exact. He should guard against precipitation, for in every mechanical art, to hurry means to do bad work; and in operative surgery this is sure to be the case, and it is here that the old motto "haste makes waste" so strongly applies. A hasty operator will often do too much, and yet leave undone something which may affect the issue of the case.

Every operation must be performed with deliberation and in an orderly manner. Each step ought to be well thought over and planned beforehand, and, while there must be no undue haste, neither should there be unnecessary delay.

The universal use of anesthetics has long since removed from the operator the necessity of hurrying; at the same time it has imposed upon the surgeon the duty of prompt procedure in order that the patient may be released from the anesthetic influence as soon as possible.

A knowledge of anatomy is essential to the operating surgeon. At the present day, in view of the frequent performance of operations of the most delicate nature, and of the invasion by the knife of regions once sacred and undisturbed, the only safeguard is the surgeon's anatomical knowledge.

It is necessary that the surgeon train himself in habits of independent thought, action and self-reliance. Let him stand

strong in the best knowledge of his profession, and in the firm determination to act for his patient's good and for that alone; then, if ever dreaded calamities fall upon him his shoulders will prove strong enough to bear them.

The success of the operation is not dependent entirely upon the manual dexterity in its performance, but beyond the mere mechanical skill are other factors. The proper diagnosis of cases, due preparation for the operation and careful nursing, feeding and after-treatment, have very much to do with the welfare of the patient. Indeed, it may be said that the exercise of a wise and sound judgment in these respects bears greatly upon the ultimate success or failure.

It is the observance and enforcement of all precautions before, during and after an operation, that give the sufferer his best chances, and it must never be forgotten that the patient is entitled to all the chances which operative skill and the exercise of sound judgment can possibly afford. It is a mistake to look upon the failure of an operation simply as an untoward accident to the operator; we must recollect that there is another party to the transaction—the patient, and if harm befall him, either from deficient skill, lack of prudence, or too biased convictions on the part of his surgical attendant, surely, there is matter of self-reproach for him in whom he trusted. If, on the other hand, the surgeon acts on full consideration of the facts attending each individual case, with a wide knowledge of the general practice of others, with proper reliance on his own experience, and the earnest seeking after his patient's good, then, indeed, he has done all that man can do.

Operative surgery must be based on exact knowledge. To be able to discriminate, with accuracy, the various morbid conditions of the human body, is the highest qualification of a physician. Such knowledge can only be attained by large experience, by habits of close observation, by the ability to logically dispose of, or classify phenomena, and by the possession of sound judgment.

Whenever the surgeon is compelled to abandon certitudes and to base his opinion on probabilities he is on dangerous ground, and should either advance cautiously, or not advance at all; the

latter course should by all means be adopted when there is no urgency for active measures to be taken. A few hours delay will often clear away all obscurity and render perfectly plain problems which were before insoluble.

The difficulties which environ the investigation of disease arise from several sources. Among these may be mentioned the reluctance with which many consent to communicate any information calculated to affect unfavorably the social or physical standing of themselves or those who may be related to them by consanguinity. This difficulty can be overcome only by the personal tact of the surgeon.

In conducting the examination of a patient it should be borne in mind that no unnecessary exposure of the patient's body should be made, nor should the use of instruments be repeated more often than the nature of the case demands. The surgeon should proceed carefully to note the physical peculiarities in connection with the patient; besides the history of the case which he has already procured, he should take into consideration the age, sex, occupation and habits of the person.

The surgeon should then proceed to examine more closely the posture or attitude of the patient as well as the external impression of the parts, the color of the skin, the temperature, the character of the pulse, quality and location of pains, if any, and any other external evidence of pathological lesion.

The condition of the internal organs must be ascertained. This will include the examination of the organs of circulation, respiration, digestion, the genito-urinary apparatus and the nervous system. The examination of the internal organs is conducted by means of palpation, manipulation, inspection, comparison, auscultation, and by subjecting the organs to a variety of tests.

In many pathological affections too much importance cannot be attached to the diagnostic value of the microscope. Also of no less importance is the chemical analysis of the excrements of the body or the discharges from a diseased portion. The thorough microscopical and chemical examination will often clear away a remaining doubt and enable one to arrive at a positive diagnosis in connection with the disease.

ASEPTIC AND ANTISEPTIC SURGERY.

In order to insure the most desirable results in operative surgery the principles of aseptic and antiseptic surgery must be carefully followed out. The adopted practice of aseptic and antiseptic methods is that of cleanliness and purity. To produce a state of absolute purity and cleanliness is difficult and perhaps impossible in some places and with some surroundings; but it should be the aim of the surgeon and his assistants to enforce such a disclipine that everything in connection with his surgical work will be absolutely pure and clean.

To be uncleanly with instruments, dressings, or the hands of the operator, means danger of contamination, infection, putrefaction and probably death of the patient. The source of microorganisms that develop in wounds and are so troublesome, is from dirt or infectious material upon the hands of the operator, his assistants, or perhaps left on the instruments from a previous operation; it might have come through the sponges or water that were used, or even through the atmosphere. The most essential part of all surgical procedure is a thorough purification of everything which comes in contact with the wound. If the aseptic and antiseptic method is properly carried out definite principles must be followed.

First.—The ideal operating room of the present day is one which can be brought into a perfect antiseptic condition. A room that can be thoroughly washed by turning on a hose of hot water so that every particle of dust and diseased germs can be removed, is the one that comes nearest being aseptic.

At times the surgeon is not so favored as to have at his command the proper operating facilities, as oft-times the operation must be done hurriedly and without hospital advantages, in which case he must make the best of the means which he has at hand. In such instances the preparation of the room is quite as important as the cleaning of the instruments. Every article of furniture that is not needed in connection with the operation should be removed from the room and a thorough cleansing take place. A clean table upon which to lay the patient and another table for the instruments and dressings and several clean wash basins, plenty of hot sterilized water and

some sterilized towels constitute the ordinary preparation for an operation.

Second.—Material for sponges and dressings prepared from gauze, commonly called cheese-cloth, forms undoubtedly the most convenient material for general surgical use. The material must have been thoroughly washed in soap and water then dried and sterilized in a hot oven and packed in a clean jar for the surgeon's use. All of the material used for ligatures, sutures, drainage material, and the powders that are used in dressings must have passed through the same process to render it thoroughly antiseptic and clean.

Third.—The instruments must have been thoroughly cleansed with soap and water and then placed in a container and boiled for twenty minutes in order to render inert every trace of the remains of a previous operation. The cutting instruments which would be injured by a high degree of temperature should be dipped in a 95 per cent. solution of carbolic acid, then rinsed with sterilized water and placed in a tray with the other instruments and all covered with a five per cent. solution of carbolic acid.

Fourth.—The hands of the operator and assistants should be thoroughly scrubbed for fifteen minutes in hot water and soap for the purpose of removing every trace of dirt or filth that may be clinging to them; they should then be immersed in a 1-2,000 bichloride solution or a five per cent. carbolic acid solution and then rinsed off with sterilized water.

Fifth.—The preparation of the patient should begin a day or two previous to the operation. The patient should take a thorough bath and the alimentary tract cleansed by copious alkaline laxatives. The skin in the field of operation should be thoroughly scrubbed with soap and water and shaven. It should be rendered still more antiseptic by washing with ether, alcohol, and then sterilized water. The sterilized towels should be wrapped about or laid around the field of operation so as to prevent any part of the patient's clothing from coming in contact with the operation.

Sixth.—The operator and his assistants should be assigned to that part of the work in which they have been found to be most

proficient. The anesthetic to be chosen is the one that is most adaptable to the case and the one in which the assistant has had the most experience in administering. A quick and efficient anesthesia should be produced and the operator proceeds at once to make his incision and hasten his work systematically toward the ultimate result of the surgical procedure.

If spurting arteries be encountered they should be immediately controlled by catch forceps, and the operation proceed steadily and without delay until the part that is operated upon is put in the best possible condition in order that nature may make good repair following the operation.

Ligatures or sutures that are needed in connection with the operative procedure can as well be cut short and buried in the tissues as otherwise, provided, the materials used, and the operative procedure are aseptic. As a rule no harm should be feared in making extensive incisions in any tissues provided the necessary repair is immediately made.

The result of the operation and the time necessary for healing to take place is dependent largely upon the amount of handling and bruising of the tissues, the length of time that the divided structures are exposed as well as upon the careful attention to aseptic and antiseptic procedure.

As little injury as possible should be done by way of sponging and wiping the oozing structures. If it is possible to make a clean incision that can afterwards be closed without sponging, or any particle of water or foreign substance whatever coming in contact with the wound, the results will be far more satisfactory, so far as the healing process is concerned. At times it becomes necessary to do an extensive amount of sponging and irrigating, yet it should only be done in cases where it is absolutely necessary in order to control the hemorrhage, or to cleanse the wound from discharges or irritating substances.

If the operation has resulted in making a perfectly clean wound, the parts divided should be immediately closed with sutures and iodoform, or boracic acid powder, dusted on the wound and plenty of sterilized gauze applied and secured by a well-fitting bandage. If the operation is not perfectly antiseptic, then it is well to use drainage, and the character of the drainage

should depend upon the amount of secretions that are expected to make their escape from the wound.

Seventh.—AFTER-TREATMENT.—Time and space prevent me from entering into detail in the most important part of surgical procedures. As a rule the first dressing that is applied at the time of operation should be allowed to remain intact as long as possible. The evidence that presents itself indicating the first redressment will be that of pain, a rise of temperature, or a fetid odor emanating from the discharges that have escaped from the wound. In other cases where everything goes well, the first dressing can remain until the time when the stitches should be removed, which would be between the fifth and ninth day following the operation.

At the time of the redressing the same details in regard to asepsis, antisepsis, and cleanliness should be followed out as described for the original operation.

In all cases the prescribed standard of perfection cannot be reached. Very often the necessities of the case demand that the operation be done without delay and in places with very inadequate surroundings. However, it becomes the duty of the surgeon to make the best of the means at hand and come as near the standard of aseptic and antiseptic surgery as possible.

At the present day under the generally accepted *principles in the practice of surgery* many of the operations that were formerly considered almost certain to be followed by death have been most successfully performed over and over again and the *Surgeons* in the *Eclectic School* deserve their share of the success.

The early operations for the relief of diseases of the joints is an instance where these statements are quite true. The earliest operative interference under the above rules for joint diseases always brings relief to the patient and credit to the surgeon. An early resection, even before the formation of pus, is the treatment that is followed by the best results.

In all the departments of orthopedic surgery the results from early and prompt procedure are equally gratifying. Of still greater interest is the success that attends the repair following amputations, abdominal section, and brain surgery.

To do an amputation of the thigh and have union by first

intention and not one drop of pus, is common under the recent methods; while to open the abdominal cavity for the removal of tumors, a section of an organ, or for exploratory, or diagnostic purposes, is undertaken without hesitancy, as the repair that follows when the proper principles are followed is entirely satisfactory.

We could refer to many other operations with equal gratification. The details of these operations and the success among the surgeons of our school will be brought out in the following papers.

GUNSHOT WOUND OF THE SHOULDER, PENETRATING THE LUNGS.

By W. L. Marks, M. D., Grand Rapids, Michigan.

On July 7th, 1892, Robert Davidson, aged fifteen years, while in a stooping posture was shot in the right shoulder, by a boy of about the same age, with a shot gun loaded with bird-shot. He fell, and was soon after taken to a house near by. I was telephoned for and arrived at the house about an hour after the accident. The wounded boy was pale, and breathing with difficulty, and complained constantly of a sharp pain in the right breast. The wound was between the clavicle and scapula, two inches from the acromial extremity of the clavicle; a portion of that bone being exposed. Loose shot, and pieces of clothing were taken out of the wound, and a temporary dressing applied. The patient was given stimulants and made as comfortable as possible, while a buggy was being prepared to take him to his home. It was hoped that as there was no great amount of hemorrhage, that life might hold out until his home was reached. A coroner had been telephoned for soon after I was, it being supposed that he would be dead by the time the coroner would get there.

Dr. Penwarden responded, and was at the house by the time I had the temporary dressing done. The boy was placed on a bed-tick, and put into the buggy, and Dr. Penwarden rode with him, giving him wine as often as seemed necessary. After

reaching his home the wound was dressed with asepsin and bismuth sub-nitrate. Small doses of morphine were left to be given him through the night as needed. He passed a very restless night. On the morning of the 8th, I redressed the wound, removing eleven shot with a probe and scoop, which would easily sink into the opening three and a half inches.

Pieces of cloth and shot would be removed every day, and on the sixth day a piece of his suspender, a half inch wide and an inch long came to the surface. By this time the suppuration was very profuse and the odor almost unbearable.

The fever which began on the reaction from shock increased until the temperature registered 102° in the morning and 103½° in the evening.

By the 10th of August the amount of matter discharged from the wound far surpassed anything I had ever seen. After washing out the cavity and drying it with absorbent cotton, he would draw in his breath, and taking hold of his nose, strain for a moment, and cause the matter to flow out in a stream. A hacking cough began soon after the wound was received, and by the middle of August had become very severe and it was found that he was coughing up the same kind of matter that was escaping from the wound.

On the first of September, it was noticed that a snapping sound at the opening, was produced by coughing; in a few days this had increased until it could be heard outside the house. The patient was greatly emaciated, the right side of the chest considerably sunken, and gave no resonance on percussion. There was as complete loss of motion in the arm as would have resulted from paralysis. The treatment was not changed to any great extent, except to meet indications. Morphine, ipecac and and sanguinaria nitrate for the cough, and veratrum and gelsemium constituted the leading part of the internal treatment, through this long and very tedious seige. Bismuth subnitrate five parts, and asepsin one part, were the dressings used throughout.

About the middle of September a gradual but steady improvement could be seen, and it continued until he was discharged in December. He recovered the use of his arm com-

all the spicula of bone or other foreign bodies within reach, and kept the wound open to favor drainage. In the case of a wound with bird-shot, we are apt to have a mass of clothing driven into the wound, but not with a single ball. In any case we must cut away ragged pieces of flesh and open the wound and remove all foreign substances, cleanse it thoroughly, and apply an antiseptic and absorbent dressing. Don't wait for nature but go to the root of the matter at once.

TRAUMATIC PERIOSTITIS.

By JOHN COOPER, M. D., Des Moines, Iowa.

The periosteum surrounds bone, and protects it from violence; while it is also the medium through which nerves, lymphatics and blood vessels are transmitted to the osseous structure. The outer layer gives firm attachment to tendons at their place of insertion; while the inner is more characteristic in its osteo-genetic functions. The periosteum, in the physiological state, is firmly adherent to the encased bone; and it is with difficulty that the membrane is cleaned from the osseous surface.

Contusions and lacerations of the periosteum frequently develop an inflammatory condition which results disastrously to the enveloped bone. Periostitis expresses the pathological state, while traumatic indicates that the abnormality was brought about as a result of some variety of violence. Bones, thinly covered, have their periosteal envelopes more exposed to direct violence; and are, therefore, liable to frequent injury. The tibia, on account of its exposed location, suffers frequently from inflammation of its periosteal tunic. A blow inflicted on any part of the body where the periosteum is thinly covered, is likely to provoke an inflammatory condition, attended by the usual symptoms of inflammation—heat, pain, redness and swelling. The swelling which has been caused from an effusion of blood may give way, as a result of absorption; it may be continued, lymph taking the place of the reabsorbed blood clot; and later on, osseous deposits may displace the lymph, thereby

forming a node; or, the effusion may hold the periosteum away from the bone, thereby interfering with the osseous nutritive supply, until the bone becomes necrosed.

In all amputations the periosteum must be divided, either by the knife or saw, the former being used more frequently. It must be remembered that the periosteum is so snugly attached to the bone that the circular sweep made with the knife, to divide that membrane, preceding the use of the saw, is seen with difficulty; while it is followed by the saw with still greater difficulty; not one operator in a dozen being able to follow the line of incision with such accuracy as to prevent detachment and laceration, to such an extent, occasionally, as to develop periostitis and caries of the stump. We have, therefore, abandoned the use of the knife in dividing the periosteum in amputations, except in the beginning when, with the scalpel, we scrape away enough to make a groove in which to start the saw; and just after the bone is sawed through, the remnant of the periosteum is divided with the knife. While the bone is being sawed through, a sort of rocking motion is given to the saw, which divides the periosteum on the side of the bone near the operator, as the instrument is shoved from the surgeon; and as the saw is drawn forward the handle is elevated, thereby cutting the membrane on the opposite side of the bone. Thus the periosteum is divided by the cutting edge of the teeth of the saw, as it is crowded by them against the bone; and thus, this membrane is not detached nor lacerated, nor is there a ragged or fringe-like edge of periosteum overhanging the bony stump. Neither is it necessary to employ scissors to trim, as is often required when the amputation has been executed without due regard being given the integrity of the periosteum. An amputation performed according to the above outline will be followed by no annoying sequelæ; there will be neither exfoliation or caries of bone, which are vexatious to the patient and an opprobrium to the surgeon.

An amputation should not be executed at the site of an inflamed periosteal membrane, if caries is to be evaded. When two bones are implicated in an amputation, one at a time should be divided as herein set forth. Traumatic periostitis is devel-

oped from the unnecessary clipping of the edge of the bone, following the use of the saw in amputation. If the sharp edge of bone is cut away, the periosteum is also taken with it, and the already wounded bone is left without any source of nutrition supply, caries being the result.

In conclusion, we will state that this unpopular subject has been selected from the fact that the surgical mind is at present inclined in other directions which seem to be more fascinating, thus allowing abdominotomies or hysterectomies to lead, while other and less captivating subjects suffer proportionately.

DISCUSSION.

Dr. Farnum: One point. How shall we dispose of the periosteum, in amputating, so as to prevent periostitis?

Dr. Williams: We do not disturb the attachment of the periosteum, but first making a circulatory cut, dividing it, we push it back carefully with the spud, and while the retractor holds back the soft tissues and the periosteum, we saw off the bone, trim away the roughened edges of bone, bring down the periosteum, like a hood, over the cut end of the bone, and secure it with cat-gut sutures.

Dr. Farnum: The point is covered.

Dr. Gemmill. Did not think it necessary to secure the periosteum by suture; simply drawing it forward is all that is necessary.

AMPUTATIONS.

By E. Clifton Beem, M. D., Oscoda, Michigan.

The cutting off of a part, which by its diseased or injured condition endangers the safety of the whole body, is a legitimate procedure which comes within the domain of the surgeon. The term is often applied to operations in which various parts of the body are cut away—as the mamma, uterus, etc ,—however, by long usage and common consent, it is now restricted to the removal of the extremities. Before undertaking the operation deliberate consideration should be taken of every particular bearing upon the case.

From close observation of the literature on the subject, I am

led to believe that it is far more common to furnish reasons for performing an amputation in the case of a mutilated limb, than to provide methods for preserving it. Experience teaches me that the more familiar we become with the recuperative powers of the vital economy, the greater our faith will be in the reparative forces of the organism. In all cases the subject should be given the benefit of any doubt. As it has been repeatedly demonstrated that there is no great risk incurred in waiting to see what the recuperative forces of nature will do, and the surgeon who would amputate as long as a *reasonable* hope is left to save the part, is not only unfeeling, but culpable.

Conservatism as the term is now understood, guides the actions of our best surgeons. When we take the facts into consideration, we should act conscientiously—put ourself in the subject's place—and remember that an amputation means permanent, and often serious loss. A mangled limb illy treated may prove to be a fairly useful member, but an amputation, when it might have been avoided, is deplorable, if not criminal.

Our text books on operative surgery, are replete in the technique of amputations, whereby dangers of all kinds are reduced to the minimum. The dangers attending amputations in ancient times were largely due to inefficient means of controlling hemorrhage and septic infection. With our present knowledge of antiseptic treatment of wounds these dangers are obviated, and the competent surgeon is master of the situation.

Each individual case must be treated in accordance with existing conditions.

LACERATION OF THE SCROTUM.

By L. T. Branch, M. D., Sechlerville, Wisconsin.

It was on June 3d, 1880, that I was called out some two miles to see a young man about sixteen years of age, who, I was told by the messenger, "had been hooked by the hook attached to the end of a log chain that had been placed around a tree for the purpose of grubbing up the same." The young man had been up the tree to fasten the chain, and was sliding down over the chain when the hook entered the scrotum posteriorly near the perineum, coming out anteriorly near the penis, and tearing the

scrotum completely through, as well as all the integrement, leaving the testicles free and bare to hang by the spermatic cord some eight inches below their normal position. In this shape the young man had walked into the house, some fifteen or twenty rods distance and laid himself upon the bed, having supported the testicles with his hand. And in doing this he had to pass through a group of young women, and they were badly scared to see such a sight. I washed the testicles and the wound with warm water, containing a small quantity of glycerine and carbolic acid, replaced the glands in their proper place and sewed up the ragged and torn scrotum, with plain surgeons' silk, wet with same solution as the above wash. All this I did without giving any anesthetic; ordered it kept wet with Prof. R. L. Rea's lotion.

Carbolic acid	ʒi.
Glycerine	℥i.
Tinct. arnica	℥i.
Aqua font.	ʒii.

M. Sig. Apply as above directed.

The young man was pale and slightly nauseated, but complained but little while having the injury dressed. The physical effect seemed slight in comparison with the severity of the injury; no inflammatory action supervened and no suppuration to speak of. The wound was completely healed in eight days. I removed the stitches the fifth day, and the young man returned to his work on the tenth day, but he was rather more careful after this how he slid down a tree over a chain hook while grubbing with horses in the field.

CONSERVATISM IN AMPUTATION FOLLOWING ACCIDENT.

By Arthur H. Reading, M. D., Chicago, Illinois.

After several years active practice in mining and manufacturing localities, caring for those injured by accident in coal mines, rolling mills, foundries and in railroad yards, I feel called upon to make a few statements under this subject: Conservatism In Amputation Following Accidents.

It is generally believed that the surgeon in general practice is

too frequently inclined to amputate a member of the body when injured, instead of trying to save the part by treatment.

External and *internal* treatment, for both are important, and here is a point!

Many operations in surgery would have a better result if strict attention were paid to the internal treatment. The administration of blood tonics and alteratives, antiseptics and medicines to aid digestion and regulate the action of the bowels, controlling the temperature, quieting the nervous system and relieving pain are measures to be considered. The history of the case, the habits of the patient and the nature of the material which caused the injury all have an important bearing in accidents. But first let us see what to do for a surgical case.

For illustration, take the case of a railroad switchman, which occurred in my practice, the right hand was crushed and torn by being caught between the "bumpers" of two freight cars. The thumb, the fore finger and middle finger were crushed, bones broken and muscles torn and the hand badly pinched and torn.

Well, many surgeons would amputate the thumb and fingers, put sutures in the hand, put on dressings, and in a short time the part would be well, but what about the future of this man?

As is usually the case the right hand is the one injured. Now the switchman must use it to make a living and we are the ones to help him. Don't give him an anesthetic and tell him we will save all of the hand we can, and then cut off the most useful part. But try another plan, put the broken bones together, fold the torn muscles over them, draw the skin up over the muscles with sutures in as good shape as possible and cut off any hanging pieces of muscle or integument not well supplied with circulation of blood and well connected to the parts and amputate only that much of the fingers or hand that is entirely destroyed or too badly crushed to receive nourishment from the healthy part. This takes time; it can't be done in a hurry.

Cleanliness and antisepsis are most important during the operation. Now dress the wound as seems best in each individual case. There is no more of a rule in surgical dressings than there is in the selection of medicines. Some cases require a wet dressing at first, some a healing antiseptic salve, some a dry dressing,

a powder, gauze and cotton, depending upon the action of the parts, the hemorrhage, the temperature, the swelling and the constitution of the patient and his endurance of pain.

The healing process will be slow, new granulations must form and there will be some suppuration and sloughing and a tendency to grangrene in some cases. The patient may complain of the slowness of the healing, the pain, the odor, and bad appearance. But remember the *internal* treatment, rest and encouragement, and cleanliness, and if the badly injured parts of muscles *will* come off, help them off, apply poultices and use iodoform and save the bones and newly forming tissues. Now, if the sloughing is severe and the appearance of gangrene present, put on poultices made of the following ingredients: linseed meal, powdered elm, middlings, and powdered charcoal, equal parts, with a cake of compressed yeast dissolved and added to the mixture. These poultices applied every 4 or 6 hours as required, will prevent the gangrene from extending to other parts, aid the sloughing and hurry the new formulation of tissue and your patient will soon have good fingers and a hand, somewhat disfigured, but good for earning his daily bread. And he will praise you unto the ends of the earth for the goodness of your acts.

This plan of treatment has been followed with most beneficial and grand results, and many happy railroad men are working today with hands which were badly injured and which might have been ready for work sooner, by amputation of the part injured. But the satisfaction of such results in treatment is sufficient to well repay the surgeon for the extra amount of trouble.

ELECTRICITY IN SURGERY.

By Frank Brooks, M. D., Seattle, Washington.

"Surgery is the art of healing by manual operation." *Webster.*

At this age, let us use the full expression of "surgery," which is the art of healing by *manual, mechanical and insrumental appliances.* At the present age of surgery, the expert surgeon must be a scientific artist, in order to successfully use instruments in his art. The possibilities are far beyond the present mind of man. For, when we stop to consider what electricity will do in

the future—I should say, *may* do; that electricity, diligently studied and applied, is illuminating, renovating and rejuvenating this old world; we are surprised at our present knowledge, but when we compare it with the past, we are also surprised at the progress then attained, be it little or great. When Harvey discovered the circulation of the blood, he gave the world a blessing, for which the people should thank God every Thanksgiving. And so with electricity. The possibilities of its circulation, intermingling with the circulation of the human system, will make surgical operations painless, and may I use the word *harmless?* When instruments are used with its aid, so that the surgeon can operate under the surface of the body, instead of cutting through and across a length of from one to twelve inches, or making incisions which will astonish the surgeon of twenty-five years hence (if not sooner), when he sees pictures of the present operations. I realize that we are doing the best we can with what we have, and in a conscientious manner.

Science is revealing many once hidden secrets to the scientists of this age, and so it will continue, I think, until man will live his allotted time. Why not? I ask. Are we not prolonging life even now? Does not the surgeon perform operations which give life to man? Has he not improved, and will he not continue to improve? I think, looking at the present, and judging from the past, that we can safely say yes.

When we take into careful consideration the wonderful action of the human system in its physiological action, and examine its wonderful chemical action, and compare it with the marvelous action of electricity or nerve action in the human system, manifested by the wonderful mechanism, making, as it were, a fluid to propel circulation; muscular action, and last, and the greatest, *volatile* or nerve force, which is even now a great mystery, even under great bodies of water, such as the light-giving organs of fishes, some of which are highly phosphorescent, and having, as it were, bull's eye lanterns along their sides, and having a system of nerves with which they turn the light on and off at their pleasure; will not all this be an important aid in unravelling some of the mysteries of the human body? Now, would not operations become more definite and

harmless, if the human body could be made luminous so that the organs could be seen, and diagnosis become almost perfect, and, of course, operations less dangerous? This may make some smile, but I think in a few years they will become more serious on the subject. Even now, Professor Alexander Graham Bell, inventor of the telephone, is at work on the problem of *seeing* as well as talking hrough a wire. I firmly believe that we shall soon be able to *see* the people to whom we are talking, by telephone, although hundreds of miles away. Now is not this a suggestion that the scientific surgeon may benefit by? Why should he make a long incision in ovariotomy, when a small puncture the size of a small needle will cause the disappearance of the same ovary? Now, if in this operation it is successful, why not in larger or smaller ones? I refer to the interior of the body being illuminated by the action of electricity on the chemical action of nerve force.

In writing these few lines, I havs done so to call forth some dormant conditions in the art of surgery. Hoping they will do so, making at least some operations bloodless and less dangerous, prolonging life and making a true science of surgery.

HARE LIP.

By J. L. Hensley, M. D., Marion, Ohio.

Among the many deformities with which we meet, a hare lip, is one of the most unsightly, and yet by far the most common. It is always congenital. This deformity derives its name from its resemblance to the lip of the hare, or common rabbit. It is met with in various forms from a simple fissure in the edge of the lip to the absence of the entire lip and a large portion of the superior maxillary bone. It may be double or single, and is most frequently associated with cleft palate. It is exceedingly fortunate if the latter is absent and exists in the soft parts only. It is never in the mesial line but always a little to one side, running from the free margin of the upper lip well up into the nasal opening, and the alæ of the nose slide off from the septum giving it a widened or flattened appearance, adding much to the unsightliness of the deformity.

In the double form a bony growth protrudes from the nose irregularly, covered with integument, sometimes so closely adhering to the bone as to make it extremely difficult to get a surface for adhesion or sutures. The double form is always accompanied by cleft palate, not only giving a very great deformity but destroying largely the power of enunciation.

The cause of this freak of nature is unknown; but it is undoubtedly due to the arrest of development in natural evolution during the early months of gestation. As the parts are forming, from some unknown cause, the bone and tissue fail to reach each other, and the edges are rounded up and the chasm is left. Some have attributed it to the influence of the mother's mind during gestation, from seeing some object that makes a decided impression at a critical period in early pregnancy. But I am inclined to doubt the theory; it is one of the unknowables in the mysterious workings of nature, and we are constrained to turn from the theory of cause and spend our energies in the direction of some means by which nature's failure may be remedied, and the chasm closed and given the best possible appearance by surgical and artificial means.

The time to operate for this deformity is a matter upon which surgeons differ. Some recommend an immediate operation as soon as possible after the birth of the infant. This is open to serious objections, as the integument is so tender that it would be difficult to maintain the sutures so as to prevent them from tearing out and making the deformity worse. I much prefer the period between the age of six months and one year, before dentition takes place and before the speech is impaired.

Parents generally prefer waiting as long as possible; sometimes we have no choice as to time, not being consulted until the child is two or three years of age. The late Prof Howe recommends the operation being performed without the use of an anesthetic, but my sympathies for the little sufferer have always been too great to undertake this, notwithstanding the increased danger of the blood escaping into the mouth and coagulating on the epiglottis and producing suffocation. To prevent this a great deal of caution is necessary; but with proper care the antiseptic can be carried just far enough to prevent the extreme pain

and yet allow the child to cry some, thus keeping the air passages open, and prevent the dangerous blood-clot from forming. The patient should be turned on its side occasionally, and the operator with his finger aid the removal of clots. Prof. Howe recommends the flap operation to fill the opening, but in some very severe cases I have found that by dissecting up the tissue on either side, and bringing the edges into juxtaposition, it enables the operator to give to the nose a much neater and more natural appearance and shape; by raising the wings and holding them in position, by placing the tension on the buccinator muscles.

Before operating everything should be made ready and everything rendered perfectly aseptic. A broad towel should be pinned tightly around the child's body, completely enveloping its arms, to prevent the arms being thrown to the face and interfere with the operation. If the operation is to be performed without an anesthetic an assistant should place the child's legs between his legs, placing a hand on each side of its head, his elbows compressing the child's body; his fingers firmly pressing on its lower jaw so as to compress the artery where it crosses the bone in front of the masseter muscle. But if an anesthetic is to be given, place the child in a recumbent position, the one administering the anesthetic at its left hand, and the operator at its right, and an assistant at his head taking a firm grip on the head as above described. Unless the mother is a a woman of cool and deliberate judgment, she should leave the room lest her sympathies might lead her to interfere with the operation. As soon as anesthetic is sufficient to dull the sensation of pain, the operation may be begun by freshening the edges from within the nasal cavity to the margin of the lip, cutting deeper in the center so as to give a more natural shape to the lip when closed; then dissect up the tissue if necessary so as to admit of their being brought together; arrest the hemorrhage by tension or by means of the snap forceps; shifting the patient onto its side occasionally so as to favor the escape of the blood from the mouth which may be aided by the finger of the operator. As soon as the edges are ready and the arteries secured, the center

piece and the free edges are neatly freshened; it is now ready for the sutures. The first should be introduced as near as possible to the nose, transfixing the center piece, if a double fissure or if single, taking a deep hold through each side, placing the sutures about one-third of an inch apart; when all are in, direct the assistant to press the cheeks forward on each side, draw up and tie firmly each alternate suture; then the immediate ones until all are tied; then trim off all surplus ends, clean up nicely and dust with iodoform or some other antiseptic dressing; then place a piece of folded iodoform gauze on the wound and pass a strong adhesive strip over the lip, extending back well onto the cheeks. To prevent tension from the child's crying, remove all blood stains and bloody cloths, and the mother will be surprised to see the improvement in the child's appearance. Its restoration to the arms of the mother will greatly relieve the anxiety of the little one. An anodyne may be administered to give rest and quiet.

In my early practice I used hare lip pins, and figure-of-eight sutures. Surgeons now generally use cat gut sutures for the deep tissues, and silk worm gut for the more superficial ones near the margin.

In case of cleft palate, where there is an absence of the bone, the dentist may give much relief by means of a hard rubber plate, when the child is older.

Some years ago a gentleman who was engaged in manufacturing cooperage, and owner of a stave machine was grinding one of the heavy blades on an emery wheel propelled by steam, when the knife was caught and hurled with great force, striking him in the face with the keen edge and cutting through the chin and lips, severing the superior maxillary bone and laying open his face in a frightful manner. After arresting the bleeding and securing the vessels, I adjusted the bones and closed the gaping wound by means of hare lip pins, and figure-of-eight sutures. The wound healed kindly and left but little deformity, except the loss of his incisors, and a luxurious growth of whiskers that had to be sacrificed in dressing the wound; but a few months sufficed to restore them to a normal condition, and

conceal almost all traces of the wound except the loss of the teeth.

After an operation for hare lip, the patient should be well nourished, either at the mother's breast, or by liquid food, milk always taking the precedence. About the fifth or sixth day each alternate suture may be clipped and carefully withdrawn; if there is perfect adhesion, the remaining ones may be removed the following day; the lip may then be dusted with sub-nitrate of bismuth, and a fresh plaster applied for a few days until complete adhesion is insured, and the parts completely accommodated to the new condition, when the operation may be considered complete. If successful, the surgeon will have the everlasting gratitude of the parents, and will be remembered for many years by the little one, in a different sense to that of the mother.

HIP-JOINT OR SHOULDER-JOINT AMPUTATION;

BY A NEW METHOD.

By L. E. Russell, M. D., Springfield, Ohio.

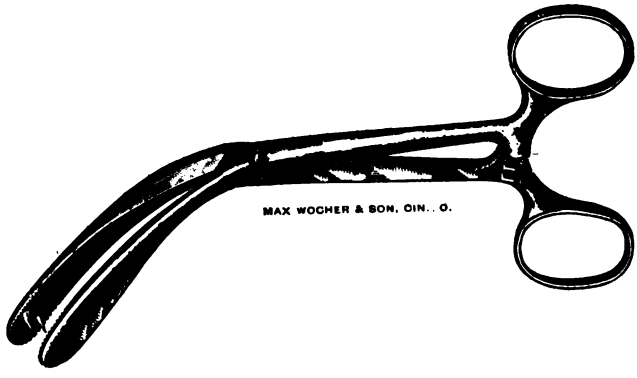
The limb about to be operated upon should be made as bloodless as possible by elevating the limb for a few minutes before proceeding with the hip-joint or shoulder-joint amputation.

Assuming, without argument, that a leg or arm must be removed from the patient, either at the hip or shoulder-joint, for the purpose of preserving life, we shall proceed without resorting to a long dissertation as to the other methods of procedure, at once enter upon an explanation as briefly as possibly, and give the latest and best method.

The patient is placed on a strong table, and the body brought to the very edge. The limb to be amputated is elevated and entrusted to an assistant, who is to hold the limb elevated during its removal, and, at the command of the surgeon, flex or assist in forcing the disarticulation.

If we are to do a shoulder-joint amputation, the surgeon will make an anterior flap of the deltoid, commencing at the anterior part of the deltoid and shoulder-joint, and cut through the skin

and fascia, a sweeping incision, down and around the inferior border of the muscle and up the posterior border to the shoulder-joint. The tenacula forceps, which are here illustrated, clamp



the center of the inferior border of the flap, and are used to pull it out of the way as the dissection is forced upward to the head of the humerus.

There has been no important blood vessels severed, hence, no hemorrhage of importance. The surgeon, with the tenacula forceps in the left hand, pulls back the flaps, exposing the head of the humerus, and with the dissecting spoon, which is here illustrated, forces the sharp, rounded edge into the joint and severs all tissue which resists the disarticulation of the arm.

The sharp, rounded edge of this scoop or chisel is at all times held against the bone, as the avulsion is completed—forcing the bone out of the posterior flap-to-be. The anterior flap, secured by the forceps, is handed over to the assistant, whose duty it is to clasp the posterior flap and secure the artery as the surgeon severs the tissues and completes the amputation. The axillary artery is easily compressed between thumb and finger, and may be secured by snap forceps before or after the formation of the posterior flap.

In doing the hip-joint amputation the surgeon marks out the anatomical land-marks; the flap is cut over the summit of the greater trochanter, and, after passing down to the femur to the gluteal fold, the knife shapes the flaps anterior and posterior of the limb to be amputated. The dissection is made through skin and fascia only at first. The dissecting periosteal scoop or spoon is now used to disarticulate the limb at hip-joint. The same mode of procedure obtains in dissecting the femur out of the flaps, etc., as that above described in shoulder-joint amputations.

What I wish to impress upon the mind of the surgeon is the simplicity of the operation, and the ease with which it can be executed.

First. The ease with which the flaps may be quickly handled with the tenacular forceps.

Second. The ease and speed with which the avulsion of either joint may be made.

Third. Keeping the continuity of the important blood vessels till the last stroke of the knife, or the postponement of severing a blood vessel till it can be ligated.

Fourth. The ease and speedy arrangements in executing a hip or shoulder-joint amputation.

DISCUSSION.

Dr. Williams: This is a new idea. Amputations at the shoulder and hip are formidable operations, and while I can see how this instrument might be made to throw out the head of the humerus, it is not so clear how it could be made to dislocate the head of the femur. To me it appears rather difficult. Wyeth's pin and constrictor are excellent, and while Dr. Russell's way would apply to the shoulder, Wyeth's is better for hip amputation:

Dr. Russell: The instrument has a sharp edge, and cuts its way to a certain point, when it is used as a lever to pry up and root the head of the bone out of its socket.

Dr. Standlee: Is it not necessary to move the limb as you cut?

Dr. Russell: It is.

Dr. Farnum: I am greatly interested in Dr. Russell's operation. To me it is quite new. It is difficult to sever the ligamentum teres and cupsular ligaments, but it is possible as I can see with this instrument of Dr. Russell's.

JUNE 18, 1895.

SUB-SECTION 2. *Surgery of Joints, Idiopathic and Traumatic.* Chairman, EDWIN FREEMAN, M. D.; Vice-Chairman, G. W. Boskowitz, M. D.; Secretary, Daniel Maclean, M. D.

The section was organized in the morning, and the following papers presented:

PAPERS PRESENTED.

SURGERY OF THE JOINTS.—IDIOPATHIC AND TRAUMATIC.

By EDWIN FREEMAN, M. D.

Where the cause of joint disease is idiopathic, the surgeon takes the case for treatment after the physician has exhausted his skill. Where it is traumatic, it comes properly within the province of the surgeon.

The surgical measures to which he resorts are aspiration; or incision with irrigation and drainage; or erasion and arthrectomy; or excision; or amputation; or the rectification of deformities of malposition by mechanical force, tenotomy and osteotomy.

A joint, greatly distended with fluid in acute synovitis, may be favorably impressed by removing that fluid by aspiration with the strictest antiseptic precautions, and with completely aseptic needle. A dirty needle would carry into the joint septic conditions, and lead to greater trouble.

Aspiration is, however, less frequently resorted to in acute than in chronic synovitis where there is hydrops articuli, and in suppurative synovitis. After the withdrawal of the fluid, it is replaced with a 5 to 10 per cent. solution of carbolic acid, or with a solution of iodine, which is then withdrawn, the puncture sealed up, and anodyne antiseptic lotions applied, with rest on a splint.

A suppurating joint soon gives rise to septicemia, disorganization of joint structures, and the safest treatment is to freely

incise the joint at the part most suitable, and irrigate thoroughly with a proper antiseptic, daily. The antiseptic may be a 1 to 60 or 80 of Lloyd's Asepsin, or 1 to 40 of carbolic acid, or a saturated solution of boric acid. A gauze drain, wet with either of the solutions, pressed through the opening, will favor the escape of the joint secretions, while an external dressing of several layers of antiseptic gauze will receive them and prevent further infection. Rest upon a splint is necessary to limit movement, and will assist materially with the aid of anodyne fomentations, in arresting and curing the inflammatory condition.

A young lady, whose parents had died of consumption, had strained her elbow in laundry work. It became painful and swollen, and being unable to work, she entered a hospital. The joint was aspirated and fluid withdrawn, and a plaster of paris splint was applied. The swelling and pain increasing, after awhile the joint was aspirated again, and pus was found and withdrawn. This septic condition was probably produced by the first aspiration being done with a needle which had not been perfectly asepticised.

From that hospital she came to the Eclectic Hospital, and the history of the case was ascertained, and an examination revealed the fluctuation of fluid in the joint, which was most marked behind the head of the radius and external condyle. An anesthetic was administered, and an incision made behind the condyle, extending downward to beyond the radial neck; it was deepened until pus was reached, which then escaped in large quantities. The finger in the wound discovered an opening large enough for it to pass in front of the neck of the radius to a pus cavity, occupying the front of the elbow joint, from which the pus was escaping.

This cavity was emptied and thoroughly irrigated with a 1 to 60 solution of asepsin, a gauze drain was inserted and the limb put upon an angular metallic splint. Previous to applying the splint, a dressing was applied around the joint, wet with a lotion of tinc. aconite ʒss.; potassium iodide ℈ii.; aqua fʒvi. The dressing was moistened as often as necessary, and the pus cavity irrigated with the asepsin solution twice a day. She made a good recovery with a useful joint. The action of asepsin

for irrigation in some diseases, is better than the harsher mineral remedies.

Tubercular arthritis includes two different primary conditions: (*a.*) Where deposits of tubercle occur primarily in the synovial membrane of a joint, with resulting degeneration of tissue, suppuration and destruction of articular structures. (*b.*) Where deposits of the tubercle occur primarily in the cancellous tissue of the articular ends of the bones, softening and discharging into the joint, the tuberculous inflammation and suppuration of the synovial membranes being secondary.

(*a.*) In the early stage of this form, where there is joint swelling and suppuration, the surface of the synovial membrane is softened and pultaceous, and covered with imperfectly formed and degenerated granulation tissue. The joint in this case can be freely opened in the part where the freest access can be had, to the interior without injury to important vessels and nerves. Erasion or the scraping away of all such diseased membranes, by the sharp spoon or other instrument, without the removal of articular structures, can be done with fair prospect of success. Aspiration and injection may be used in a still earlier stage.

In the more advanced stages, where the articular structures, cartilages and ligaments are softened and disintegrated, arthrectomy is the operation. This is done by opening the joint sufficiently freely by flap of the soft tissues or free linear incision, so as to well expose the diseased structures, and remove with gouge, spoon, chisel or knife, without excising the bone. Thorough antiseptic irrigation and cleansing, with reunion of parts, with provision made for drainage, follows such an operation. The parts are made immovable by splints, or are not, according to the intention of getting an anchylosis or a movable joint.

All operations upon joints should be preceded by a thorough scrubbing of the part to produce cleanliness, and this followed by washing with antiseptics of sufficient strength, of the entire operative area. The hands of the operating surgeon should be similarly cleansed, so that the condition may be as nearly aseptic as possible. Instruments should be submitted to a similar treatment, or should be boiled in weak soda water to destroy all septic germs.

(*b.*) Deposits of tubercle in cancellous structure of bone, when they can be diagnosised early with softening without, penetrating the joint, may possibly be reached by incision of the soft parts, and boring and drilling in the diseased part. The tuberculosis pus being liberated, the cavity should be scraped with spoon or gouge, to get rid of all diseased products, irrigated with a 1 to 2000 sublimate solution, or a 1 to 10 chloride of zinc solution, and partly closed externally with packing and drainage.

In the case in which pus has found its way through the articular cartilage, and the joint has become involved, aspiration of the joint in some cases will relieve the tension of the capsule by removing its contents. The joint surfaces are then kept apart by extension and counter extension by mechanical means.

The increased muscular irritability produced by reflex nervous action through the joint nerves and motor branches to the adjacent muscles, causes the joint surfaces to be pressed more forcibly against each other. This increases the tendency to dissolution of the diseased surfaces, and creates a natural inclination to relief by mal-position of the parts, which results in deformity, if not properly antagonized. Mechanical appliances also give rest to the joint, which is quite essential to recovery.

The means for separating the joint surfaces and giving rest are various, according to the joint diseased, the stage of the disease, and the special necessities of the case. Aside from those which may be used for a short period with the patient resting in bed, they must be adapted to the patient moving around in the open air, as one of the important adjuncts to treatment for producing such an improved condition of the general health as will still facilitate recovery.

There is a great variety, and each has its merits; but time and space can not be given here to a description of them, or a consideration of their respective usefulness. Excision, in joint disease, means removal of the articular end of the bone to a point beyond the diseased part. It may include all the bones forming the joint. In the first case, it might include only a part of the joint structures ; in the second, it would include all. In the knee joint it would necessitate a complete osseous union; in most other joints there might be obtained some mobility, which would favor the use of the limb.

The results of excisions of the upper extremity are more favorable than those of the lower. In 115 cases, tabulated by Culbertson, of excision of the shoulder joint for disease, 94 recovered and 21 died, the preserved arm being useful in more than three fourths of the successful cases. In 377 tabulated cases of excision of the elbow joint for disease, there was a mortality of 10.8 per cent., and less in total than in partial excision; 85 tabulated cases of excision for wrist-joint disease gave but 10 deaths, and as many subsequent amputations.

In the lower extremity, the results of excision of the hip-joint for disease are most favorable between the ages of five and ten years. In 162 cases the mortality per cent. of terminated cases, tabulated by Culbertson, was 3.20. The rate was higher below five years and above ten years. Excision of the knee-joint for disease, in 603 tabulated cases, resulted in 419 recoveries and 178 deaths, the result in six not having been ascertained. The per cent. of mortality in ankle-joint disease in 124 tabulated cases was 8.5, with a satisfactory condition of the preserved limb in most of the cases.

The purpose of surgical treatment is to save the limb, if possible; if not possible, then to save the life. Excision, and sometimes re-excision, is done where erasion or arthrectomy fail, but sometimes amputation has to be resorted to as an ultimate measure.

January 24, 1865, I operated upon a boy aged five years, at Newtown, Ohio, a patient of Dr. Ricker, of Mt. Carmel, Ohio, for hip disease (morbus coxæ). More than a year before he fell down stairs, and the disease developed from that injury. Consumption was in the family on both father's and mother's side. At time of the operation a large abscess existed behind and below the great trochanter, with fistulous openings below, and communicating with the joint above. The abscess was fully laid open from the fistula and the incision extended in the line of the border of the gluteus maximus muscle. The joint capsule was well opened, and the finger discovered the head of the femur lying loose in the acetabulum. It was removed and the trochanter was protruded well through the incision. With a

chain saw passed behind the bone and below the remains of the neck, the trochanter was removed through its base, including the remainder of the neck. The acetabulum was well scraped with the sharp spoon and cleaned of diseased material, and the walls of the abscess similarly treated. All the parts were well irrigated with a 1 to 4000 sublimate solution, an iodoform gauze drain put in place, and the external wound partly closed with sutures. The limb was placed in position and supported by sand bags.

For several weeks it was doing well, but it then took on an unhealthy appearance. In April I saw the patient. The wound had a fungated appearance which seemed to grow from the end of the bone, and involved the surrounding structures. More extensive abscesses had formed, which communicated with the acetabulum on the inner and outer side. The inner side of that cavity was denuded of cartilage, but smooth. The patient was chloroformed, and I cut out the fungated tissue of the old wound and made a free opening. I then cut through the back part of the joint capsule, and protruded the bone well through the wound, and incised the bone below the lesser trochanter, removing about an inch and a half, and leaving none uncovered, and getting as far as possible beyond the disease. The cotyloid cavity was thoroughly scraped and also the abscesses, removing a large quantity of fungous material. After thorough irrigation with a 1 to 2000 sublimate solution, the iodoform gauze was loosely packed into the wound, and the limb placed in position.

The gauze was removed on the third day, and irrigation of the wound and dressing has been daily practiced. The patient was put on an internal treatment of Fowler's solution of arsenic and Howe's acid solution of iron, used alternately. The wound is now nearly well. The child has become fat and healthy, with appearances much in his favor, although at the second operation the prognosis was decidedly unfavorable. If he entirely recovers and gets the use of his limb, the shortening can be remedied by a proper attachment to his shoe.

Where incision is to be done, the joint is usually reached by a

free linear incision, which may be curved or not, according to the necessities of the case. A second incision may be added and the two may be connected, or a flap may be necessary to sufficiently expose the joint. After incision, where osseous union is expected, it may be necessary to hold the bones together by silver wire or catgut sutures, and obtain perfect immobility by splints, or plaster of paris, or other fixed apparatus.

Amputation may be needed to save the parts above the diseased joint when the above measures fail, or to save the life. The case, when it comes into the surgeon's care, may admit of no other remedy. It is performed according to the rules governing amputation, modified by the peculiar conditions of the case. Deformities, the result of joint disease, may be produced by causes within the joint, or by those external to it.

Plastic lymph may be effused in acute synovitis and become organized, and more or less completely prevent the movements of the joint. If the limb was in mal-position, there would be anchylosis in that position. In some cases of joint disease, recovery occurs after destruction of the articular cartilages. There is then osseous anchylosis, and it may be in mal-position. In the former case the deformity may be corrected by forcibly straightening the limb and breaking the adhesive bands, the patient being under the influence of an anesthetic. In the latter case, it can be corrected by osteotomy, or incision of the joint. Osteotomy is especially applicable to hip-joint deformity, from osseous anchylosis in a mal-position. The neck of the bone is reached by a linear incision, and severed by a key-hole saw, or a thin chisel, and the limb placed in the right position, and a false joint produced by not continuing complete immobility.

Where the deformity is produced by causes external to the joint, such as rigid contraction and thickening of tissues, and permanent muscular contraction and shortening, gradual extension may be tried by the use of well adapted mechanical contrivances. If that fails, or in conjunction with that, rigid tendons may be cut by subcutaneous or the open method of tenotomy and rigid tissue freely incised until the limb is liberated and can be put into its normal position.

FRACTURE OF THE NECK OF THE FEMUR.

By W. B. GRAHAM, M. D., Wellsville Kansas.

The subject on which I shall write a short paper is "Fracture of the Neck of the Femur," by reporting a case which I treated one year ago. I will not be able to give the dates of visits as my books are in the East, but will say that the accident happened on the morning previous to the November election, 1893.

William Rolinck, æt. 70 years, was attempting to mount his horse, on the above date; the horse shied and he fell off the stile onto his right hip, fracturing the neck of the femur. He was carried into the Palace Hotel and I was sent for. I responded immediately, found him in a large arm chair, pale as a ghost. I had him placed on a cot and carried to his residence, some five or six squares away; I then stripped him, to ascertain the nature of the lesion, and found fracture of the neck of the right femur. I decided to put him in the straight stiff dressing, procured a board that reached from axilla to four inches beyond the foot. I reduced the fracture, applied the dressing with perineal bandage, applied counter extension at the foot as laid down in the text books on surgery. He remained comparatively comfortable for two weeks, when his temperature run up to 103° Fahrenheit, and I began to think there was a good show for a funeral. I ordered the family to procure about one bushel of sand and dry it well; I then showed them how to make the bags to hold it. I gave him aconite viij. gtt. ver. vir. x. gtt. in water ℥jv.; one teaspoonful every hour. The next day after ordering the sand, I removed the entire dressing and flexed the knee over a good sized sand bag, and placed the lower leg in proper position between two sand bags, the internal and external malleoli holding it in its proper place. I then applied a long sand bag to outside of thigh, reaching from above the hip to the sand bag under the knee; elevated foot of bed about six inches and made the ankle fast to foot of bed, and left particular orders to keep it in that position, which was done. His temperature dropped to normal in two or three days, and his appetite re-

turned; he was troubled with a cough for which I gave him: ℞. Syr. ipecac ℥j., syr. scilla, ℥j., morph. sul. gr. j. Mix.

Sig. One-half teaspoonful every four hours, when cough was troublesome; this proved effective.

He now continued to improve until recovery; but it was not until in the spring of 1894 that he was able to walk with a cane. Now, I do not claim originality in this case, as all that have read Prof. A. J. Howe's work on *Fractures and Dislocations* with his writings in the *Eclectic Medical Journal*, will find that to him belongs the credit of introducing the above treatment.

In conclusion, I desire to say, that one of my competitors, a regular who made great pretentions to surgery, always used the long splint, and with old patients invariably had a funeral, not from the fracture, but from the treatment.

I believe that in surgery the surgeon should take into consideration the comfort of the patient, and not adhere to what is called scientific dressing to the injury of his patient. I feel confident that an aged patient can not stand the confinement. My patient recovered with good use of his leg and was very grateful, but has forgotten to pay the bill.

SECTION D.

JUNE 19, 1895.

SUB-SECTION I. *Ophthalmology and Otology.* Chairman, Crawford E. Phillips, M. D.; Vice-Chairman, W. Byrd Scudder, M. D; Secretary, W. P. Biles, M. D.

The officers of this section were not present and E. H. Carter, M. D., of Iowa presided.

PAPERS PRESENTED.

AN EXPERIENCE WITH AMAUROSIS.

By CHARLES BAND, M. D., Crete, Nebraska.

Some years ago my business had of necessity engaged my close attention. I had the care of a savings bank, a large drug-store and an extensive practice; besides which I was distressed with personal matters of a distracting character, thus overtasking all my energies. Presently I began to experience the ill effects, and perceived that it was high time to be doing something if I hoped to escaped permanent trouble. In order, accordingly, to derive some benefit, I made excursions and journeys eastward, westward, and to the north. Visiting Washington in the summer of 1887, I was one of the number admitted to a seat in the International Medical Congress, meeting there that year. I diligently attended its sessions. Our worthy friends, Professor W. M. Durham, president of the National Eclectic Medical Association, Dr. Wilder, the secretary, ex-president Munn, Dr. W. T. Gemmill, Dr. W. L. Tuttle, of New York, Dr. Church, and others were there whom we all know. Our men looked as well intellectually and otherwise, as any in attendance, and received their meed of attention in various ways.

After this I made the journey west to the Pacific States. I voyaged on the ocean, going as far as New Zealand and Australia. My success, however, in retrieving health was but partial.

In fact, my nervous system was in a terrible condition. It was wholly unstrung. I had become so sensitive that I heard

the slightest noise and was fearfully agitated by it. If I was seated at a table, and a snap of the fingers or any unexpected sound, however small, was made upon a table near me, it would make me jump from my chair. My life was truly wretched, and I began to despair of ever becoming better.

My eyes also gave me trouble. They gave me such pain, sharp and sometimes excruciating. This was caused by the determination of blood to the head and the consequent engorging of the vessels. The sense of vision was seriously impaired, and there was not proper sensitiveness to the light. Often there seemed to be motes of fiery sparks floating in the air. There was also much ringing or singing in the ears.

I consulted physicians of different character, specialists as well as general practitioners. None of them afforded me much encouragement. It was a case in which the medical art as commonly pursued, had proved a failure.

It was certain that if I had any hope or possibility of actual relief, I must take my case into my own hands. A lawyer managing his own case is said to have a fool for a client; and sometimes a physician prescribing for himself is likely to have a very unsatisfactory patient. Nevertheless, I was in a corner. I had the alternatives, either to spend the years yet remaining to me totally blind, or to employ my arts as I was able for remedies.

In all complaints of the eyes, the most careful attention must be paid to the improving of the general health. Good physicians know that the great mass of disorders of the internal cavity of the body can be effectually cured in this way, without the necessity of opening the abdomen or thorax and performing an incision. It is so also with the eyes. Their condition is closely related to that of the whole physical system. If the digestive apparatus is out of order, treating of the eyes will be of little avail. There must be neither constipation nor indigestion.

So likewise, the mind must be free from excitement. Anxiety will unhinge the nervous system, and the eyes being little else than a nervous mass, will also suffer. This is especially the case when they have begun to have trouble. If it is necessary for a sound mind to be connected with a sound body, it is none the less so for sound eyes to be allied to a sound nervous system.

True, an individual may often have good eyes, when the nervous apparatus is seriously impaired, but if his eyes are affected in such circumstances, he will find it necessary to give his attention at once and principally to the restoring of the nervous system to normal conditions. Such was the task before me, and it was truly a formidable one. I had left off business, gone away from home, journeyed over land and voyaged over the ocean. Fortunately for me, however, I had never been totally blind. I had always remained sensitive to the light and could distinguish objects. I was unable, however, to read print or writing, except with great difficulty, and much of the time not at all. I did attempt a very few times to reply to letters, using large lenses of unusnal magnifying power. But I made sorry work of it.

I studied my case with great diligence, as well as anxiety. Anodyne applications are commonly recommended, but their chief utility is to render the patient more comfortable. It is also advised to use strychnia ointment. Electricity intelligently applied may also be of great service. Some have prescribed the old stillingia alterative with iodide of potassium. This favors the removing of plastic effusions, and in clearing the blood of scrofulous or other morbific material.

Baron Larry applied the moxa to the various nerves of the face as though one torture might be a restorative for another. It is a treatment savage enough for a seal or a wild Indian, but hardly proper for a civilized man.

The diet requires careful attention, as do likewise the conditions of the body. Excesses of every kind, everything that tends to excite or exhaust the nervous system, must be avoided as one would shun a rattlesnake.

As I have already intimated, I had finally become so sensitive, that if I chanced to be sitting and another person should put a finger upon a table by me, with the middle finger riding upon it, and he should press hard till the finger slipped off and struck down hard, the noise or shock would make me jump up from my chair. This was the actual state of the case. The vessels were congested, and the optic nerve was thereby rendered incapable of performing its functions aright. Such in brief were the facts.

The final treatment which I adopted consisted of the two remedies peculiar to the Eclectic and Homeopathic schools, phytolacca and euphrasia. I used them alternately, administering them after a similar manner, as will be observed.

1. ℞. Phytolacca, Merrell's normal tincture . . . gtt. x.
Aqua . . . . . ℥ iv.

Mix, and take a teaspoonful four times a day, applying at the same time one to three drops to each eye.

2. ℞. Phytolacca, fluid extract . . . . . ʒ j.
Vaseline . . . . . ℥ j.

Mix, and apply to each temple morning and night.

3. ℞. Euphrasia, tincture . . . . . .gtt. j.
Aqua . . . . . ℥ iv.

Mix. Alternate this with the phytolacca tincture, taking a teaspoonful four times a day, and applying at the same time one to three drops to each eye.

My recovery has been slow, but steady; I am compelled to use lenses of unusual magnifying power, but the eyes are improving all the time.

When I was at the Eclectic World's Congress in Chicago, in 1893, I was getting on remarkably well. I was compelled, however, by other indisposition to go home before the work of the session was over, which I deeply regretted, as I was daily meeting with President Yeagley, Dr. Covert, Dr. Wilder, and others whom I had learned greatly to esteem. I am now attending to business, and take charge of all my affairs. The good work is going on and I am in hope, if I can rid myself of much care and responsibility, that my sight will come out all right or nearly so, perhaps more perfect than before.

THE EAR; CHRONIC DISCHARGES OF.

By G. W. Johnson, M. D., San Antonio, Texas.

No subject upon which to write a medical essay could have been assigned me by our president so complicated in all its bearings as this one. We at once realize how complicated it is when we come to consider the anatomy of the ear, and how many

different phases of disease may arise from any pathological change in an organ that gives us such pleasure in its normal and physiological state.

For convenience of study the ear has been divided into three parts; the external ear, the middle ear or tympanum, and the internal ear or labyrinth; each of which is intimately connected with the other when studied anatomically or pathologically. The intimate relation of the anatomical construction of the ear renders it difficult to clearly diagnose ear troubles and to definitely locate the real pathological condition. Many statements have been made by medical men in reference to discharges from the ear, without clearly defining what chronic ear disease is. It is not the province of this paper to enter into a study of inflammation of the ear, resulting from acute attacks of whatsoever kind, but, as I understand it, to consider such disease conditions that appear after the stage of disease has been passed when it can no longer be considered acute. Neither will I attempt to deal with the subject as it presents itself to the professionally recognized bacteriologist, who possibly has myriads of disease-producing formations floating around in his cerebral organism, but to present the subject in a thoroughly practical way. I would not attempt to prove the error of his way to any man whose sensibilities of diagnosing disease had become so blunted by the little germ-bearing organisms to the extent of causing him to depreciate the cause-existing element of pathological conditions; but I wish to deal with the subject in its true bearings.

In making a study of ear diseases we must not be bewildered in our endeavors and fail to appreciate the fact that it is of importance to draw the line separating acute from chronic troubles. Exactly when an affection ceases to be acute and becomes chronic is very hard to determine. Weight of authority, however, bears us out in the conclusion that a discharge from the ear which has failed to yield to proper therapeutic measures at the end of three months constitutes a symptom of a chronic inflammatory process.

A tubercular or specific diathesis may give rise to an affection of chronic inflammation of the middle ear, the special condition common to the different phases finding field for inflammatory

process in the typanum and setting up the peculiar pathological condition characteristic of each. When arising from the first, its onset is so insidious that the patient may not be able to state the exact period of its inception, the first knowledge he has of any aural affection being the appearance of a discharge in the meatus, while an examination reveals a condition not unlike that resulting from a chronic inflammatory processes generally.

Pathology.—When we find a case of purulent discharge from the tympanum which has persisted for some length of time, we are compelled to conclude that necrosis has taken place. This is certainly true whether the disease was at first catarrhal in nature, or was purulent in character from the beginning. The materies morbi in the system which is the prime factor in all chronic discharges from the tympanum must result in tissue necrosis unless the cause or source producing such condition is removed at a very early period. The connective-tissue elements which richly supply the tympanic cavity form an excellent nidus for the development of that condition necessary for disease progress, and when this condition once becomes thoroughly established, it is practically impossible for us to prevent considerable destruction of tissue. In the early stages the connective tissue alone is involved, but soon the osseous structures become involved in the disease process, due to an interference with their proper blood supply. It is true, too, that those parts which are least vascular are first attacked, and whose nutrient vessels are so situated that they are effected by an increase in pressure in the tympanic cavity. The blood supply of the incus is limited, and is derived from the petrosal branch of the stylomastoid. From its situation it is more readily affected, and in fact easily obliterated by any swelling located in the upper portion of the tympanum. This being true, when the ossicular chain is the seat of necrosis, the incus generally suffers first, caries or necrosis of this ossicle being present in the majority of cases in which the ossicles are involved. The disease process may extend to the walls of the tympanum, generally to that portion of the external wall which is formed by the auditory plate of the temporal. Investigation thus far has proved that the internal wall of the middle ear is rarely affected, however, it

is true that it may be involved when the disease is tubercular, or in cases resulting from acute diseases, such as scarlet fever or diphtheria. Any profuse discharge from the meatus which has existed for months must come from the middle ear, therefore it goes without saying that the membrana tympani is perforated in all cases. The amount of destruction to local tissue and the particular region where the loss occurs varies to a marked degree. The drum membrane is rarely destroyed intact, but the entire membrana vibrans may be wanting without, perhaps, the so-called cartilaginous ring, which forms the outline of insertion into the annulus tympanicus. In cases where only a small portion of the drum membrane is destroyed, the perforation in the majority of instances occurs in the posterior quadrant at the level of the umbo, or a little below it. It is not infrequent in cases when the osseous structures are involved to find the perforation situated in the upper and posterior quadrant just below the incudo—stapedial articulation. It is agreed, I believe, that in these cases, the membrana tympani is often adherent to the internal wall of the middle ear; the upper margin of which, however, is free, and a probe may be made to pass beneath this and when directed upward into the tympanic vault, will follow the long process of the incus. This perforation is characteristic of caries within the tympanum, because the exit for any fluid which has collected lies along the long process of the incus. This is true for the reason that the only source which the secretion can follow leads to the upper part of this cavity into the atrium. Perforation in this locality is so commonly associated with caries of the incus that it has come to be regarded as pathognomonic of the condition. Constitutional diathesis has proved of considerable interest in studying the extent of involvement of the osseous walls; this is especially true when the condition depends upon tubercular and specific diathesis, the bony parts breaking down rapidly when once the symptoms peculiar to these pathological changes are to any marked degree manifested.

The labyrinth is secondarily involved in a few cases. When the condition is present it is usually attributable to some mischief done in the acute stage of the disease, and not to any effect strictly chronic in its bearing.

The mastoid process may become secondarily involved, which constitutes the most grave complication from which patients affected with this disease suffer. When free drainage is maintained through the external canal, the mastoid is rarely involved to any great degree. If this is not the case, however, the pus necessarily finds its way into the pneumatic spaces of the mastoid, thereby setting up an ostitis, and more or less bony structure is destroyed, as the result. A chronic inflammation involving the mastoid may result in a chronic proliferative ostitis, through which the pneumatic spaces may become obliterated, and the whole mastoid process become changed into dense eburnated bone. This change may be so complete that the air spaces may become obliterated and the antrum reduced in size.

Symptomatology.—The one one prominent symptom is, naturally, discharge from the ear, and while extensive destruction may have taken place, this may be the only symptom of which the patient complains. This symptom varies to a marked degree in importance, the discharge in some cases being very little, while in others being so profuse as to completely fill the meatus, in spite of strict attention to cleanliness. The discharge in some cases is so slight that it is only discovered by inspecting the ear by reflected light, the secretion drying upon the walls of the meatus, and never appearing at the orifice of the canal. The amount of impairment of hearing is never positively indicative of the extent of the local disease. In some cases where the entire membrana vibrans is wanting, the incus completely destroyed, and the malleus carious, the power of audition is not to any great degree impaired. Other cases, where the lesions are less extensive, deafness is present to a high degree. Observation teaches us that subjective noises are less frequently met with in chronic suppuration than in the non-suppurative form of inflammation. Some patients complain of vertigo, which is assignable to no particular cause, or may result from syringing the ear. A few patients have come under my professional observation whose equilibrium was so disturbed that they would stagger like a man intoxicated. In cases where this symptom appears only upon syringing the ear, the drum membrane generally ex-

hibits a large perforation exposing the head of the stapes to the direct force of the current.

Some seem to think that a chronic suppuration causes a constant discharge from the ear. This is not true in a large percentage of cases. A patient suffering from chronic suppuration may be free from the symptom for weeks; the intermittency depending upon the exact nature of the local changes within the middle ear, or upon certain associated conditions of the upper air tract. In some cases of children where the membrana tympani has been extensively destroyed as the result of one of the exanthemata, I have found that a discharge from the ear was only noticeable when the patient had a cold in the head. In these cases it is generally conceded that the internal wall of the middle ear is over a large area exposed, and that the mucous membrane participates in any vascular changes which take place in the associated organs. This in part accounts for an acute rhinitis or an acute naso-pharyngitis, which in turn produces a similar hyperemic condition of the mucous membrane lining the middle ear. The attack is regarded as one of tubo-tympanitis, but on account of the tympanum being fairly open, the serous transudation appears in the canal. In some cases inquiry will fail to elicit any history of discharge, but on careful examination we will find crusts or masses of inspissated pus collected in the deeper portions of the canal, which form a source of great discomfort when they appear at the orifice of the meatus.

In many cases symptoms referable to the external canal may be present. Development of fungus growths upon the walls of the meatus is not rare, due to the parts being continually bathed in secretion. The symptoms may amount to little inconvenience, or there may be intense stinging in the ear, associated with pruritis. A few cases that have come under my professional observation the past year have been especially distressed by these symptoms.

Facial paralysis was formerly supposed to be indicative of involvement of the mastoid. Later investigations have disproved this. It will be remembered that the facial nerve in its passage through the tympanic cavity is, in the majority of cases completely enclosed in a bony canal, and any pressure symptoms

present are not due to pressure on this nerve except that some portion of the bony wall is wanting, or on account of some anomalous anatomical condition or exposure of the nerve, the result of necrosis. We can readily account for facial paralysis of the corresponding side of the face in either of these conditions; in either case the trunk of the nerve may be pressed upon. In cases where the canal is imperfectly formed, the integrity of the facial muscles may be impaired without any inflammatory changes taking place in the body wall, due to an inflamed condition of the nerve itself.

In all cases where granulation tissue is present, the condition indicates necrotic bone, provided strict attention has been paid to cleanliness, and the recurrence of granulation after removal and proper cleansing is regarded as pathognomonic of diseased bone. Where proper attention has not been paid to thorough cleansing, the action of the heat of the body together with accompanying moisture of the parts, granulations may spring up about the edges of the perforation in the drum membrane, which will give rise to similar disease processes from the internal tympanic wall and reduplications of mucous membrane within the middle ear without there being any osseous affection. When these granulations are due to hyper-nutrition of the soft tissues, they readily yield to chemical caustics, if the parts are kept thoroughly clean, and their behavior under proper treatment enables us to determine any involvement of the bony parts. In cases where the discharge is scant it may not appear at the meatus, but on close examination will be found to dot the posterior or superior wall of the meatus in the form of yellowish crusts. Perhaps the discharge will spread itself downward from the membrana tympani and in this location is more or less concealed from view. This condition of affairs should lead us to suspect a supprative condition within the tympanum even though the patient denies that any discharge from the ear occurred.

In many cases of chronic discharge from the middle ear the labyrinth becomes seriously involved in the disease process. The symptoms indicative of labyrinthine involvement are sudden dizziness, nausea and marked deafness. We would expect

the labyrinthine structures to be moderately involved in cases where the disease has persisted for a considerable length of time. In labyrinthine involvement the hearing may be but little impaired, the affection being confined to that part of the organ concerned in appreciation of the highest notes, which are little used in the ordinary avocations of life.

Diagnosis.—Diagnosis is divided into physical and functional. It would be impossible to describe the many different and varied conditions to be observed under physical examination. Many structural changes will present themselves in these cases; ranging from slight perforation to complete destruction of the drum membrane. Occasionally the membrana vibrans is intact with perforation through the membrana flacida, above the short process of the malleus. With this condition granulations are generally present. They are indicative of diseased bone.

In examining any case we should thoroughly inspect the entire periphery of the membrana tympani, especially that part lying close to the short process. This should be done even though a perforation be present in the lower portion of the drum membrane. This precaution will frequently enable us to locate the true seat of the discharge.

It is not difficult to make a free use of the probe in these cases, owing to the fact that the middle ear is scarcely sensitive.

We should endeavor to ascertain whether the discharge proceeds from an exposed surface, or simply flows over this, originating possibly in the upper tympanic cavity. The simplest and best means of using the probe in these cases, is to wind a pledget of cotton firmly upon a small cotton-holder and insert it under the posterior or anterior fold and carry it upward into the vault. The cotton-covered point is sufficiently firm to allow its introduction beneath the anterior or posterior fold of the membrana or into the perforation. By careful manipulation the middle ear can be successfully explored, and any exposed bone will be discovered by the cotton catching upon the rough, bony surface. When we are in doubt as to the condition after proper manipulation, we should, upon removing probe, carefully examine the cotton to see if any portion of bone is found clinging to the cotton.

In the study of ear diseases, as in every other disease, every diagnostic step should be taken with care and decision. The ear should be thoroughly cleansed before we institute measures to definitely diagnose the real condition presenting itself. Too much importance cannot be attached to this, the initiatory step of diagnosing ear troubles. The ear being properly cleansed by means of a cotton pledget we can successfully employ the probe, lightly touching the prominent points, and be enabled thereby to gain knowledge of the true condition of the parts. When any secretion is present in front of the drum or back of its plane, an exact diagnosis is impossible, and a correct interpretation of the disease, under such conditions, is the result more of good luck than of skill.

Functional Examination.—After the true pathological changes have been determined, we naturally turn our investigation to ascertain the amount of dullness of hearing. While it is true that the sense of hearing, in its normal state, is more acute than the ordinary avocations of life require, we are concerned about the exact invasion made upon normal hearing in any case under observation. While it is true that sharp sounds may be heard less distinctly, conversational voice may be heard better than either the watch or aconmeter. Experience teaches us that in some cases higher notes are better perceived than under normal conditions. In cases where a purulent inflammation has existed for a long period of time the upper tone limit is considerably lowered. This condition indicates labyrinthine involvement, which is not of a progressive character. It is admitted that in the majority of cases bone conduction is increased. In cases where only one side is affected the tuning fork placed on the vertex is better heard by the affected ear.

In cases where the mastoid process becomes involved in the disease there is pain and tenderness over the mastoid region, and a diminution in the amount of discharge. The canal becomes tender along the superior and posterior walls close to the tympanic ring. This mastoid involvement may cause the soft tissues in this region to sag to the extent of narrowing the fundus, and place in contact the corresponding wall with the opposite wall. Some place great stress upon the temperature in these cases, but

my limited experience does not cause me to place much stress upon the change of temperature as a symptom indicative of extension in this direction.

Prognosis.—Under this division we have, first, to consider the amount of functional impairment the patient will suffer from; second, the discomfort occasioned from the discharge; third, the danger to life.

To deal with this division of the subject intelligently, requires a wider range of experience than I have the right to claim. It is true that a suppurative inflammation endangers the hearing to a less degree than does a non-suppurative condition.

Concerning the Discharge.—When we come to consider a chronic discharge from the ear we are at once concerned as to whether or not the discharge is due to diseased bone. If the bony ring has become involved in the disease progress and the disease is of long duration, it is more than probable that softening has occurred in parts inaccessible to local treatment through the meatus. In cases where no diseased bone is present, we should be able to state that the discharge will cease under proper treatment.

The danger to life in chronic discharge from the middle ear is receiving serious consideration from aural surgeons. Insurance companies frequently reject applicants suffering from a chronic otorrhea. In cases where the mastoid has not become involved, and where there are no evidences of intra-cranial involvement, we can promise that under proper treatment the patient's life will not be endangered.

Treatment.—Our attention is first called to the discharge that is proving a source of discomfort as well as a symptom that may be indicative of a graver condition that may at first be suspected. And too, our efforts will be directed to improving the hearing and relieving any subjective disturbances that may be present.

To accomplish the first purpose it will be absolutely necessary to institute strict measures of cleanliness to combat any untoward condition that may result from the combined influence of heat and moisture. Where the patient receives daily treatment by the surgeon and the discharge is slight, the discharge may be removed in whatever way it may seem advisable, either with cotton pledget, or irrigation with the syringe. If the treatment is to be

left to the patient, I think that cleansing with the syringe is by far the safest. The canal can be flooded with tepid boric acid water as frequently as the amount of the discharge demands. In some cases it will only be necessary to syringe the ear once a day, or once every two days; but in cases where the process is active, it will be necessary to irrigate the ear every two or three hours. The all-important thing is to keep the canal free from discharge. In syringing the ear, every part of the canal surface should be reached in order that pus may not be allowed to dry upon limited areas of surface, thereby producing annoying symptoms. In order to accomplish this end we should give some attention to the manner in which the irrigation is to be performed. The ear is drawn upward and backward by grasping the auricle between the index and middle fingers of the left hand, thereby straightening the canal. Now, with a blunt nozzled syringe the fluid used is directed with moderate force inward, downward and forward toward the tip of the nose. If the fluid is directed inward and upward, the deeper parts will be more thoroughly cleansed. In children we can better obliterate the curves of the canal by pulling the auricle outward and downward. The amount of fluid to be used at each irrigation will depend upon circumstances.

The choice of a fluid for cleansing purposes will naturally be considered under the head of local treatment, and the fluid to be selected will be suggested by circumstances or past experience. Some surgeons have great confidence in bi-chloride of mercury solution (1 to 5000), but I much prefer a saturated solution of boric acid used lukewarm. There are some patients who have already been under treatment who will inform us that the "wet treatment" made the discharge from their ears worse. We may not feel disposed to give credence to these statements in a few cases, but I think we should give due regard to statements of our patients, and never make light of any past experience they may have had.

The ear having been thoroughly cleansed, we now investigate as to the cause of the discharge. In some cases after the canal has been kept clean for a period of time, the swelling of the tissue within the middle ear diminishes, and after the disappear-

ance of the congestion and edema, we are enabled to discover the real cause producing the discharge. In some cases the mucous membrane within the middle ear is exposed over a large area, which is true when considerable of the membrana tympani has been destroyed. In many of these cases the exposed mucous membrane is swollen, hypertrophied, turgescent, and moist, and the indication for treatment is to cause absorption of the hypertrophied tissue, and restore the local circulation to its normal condition. In order to do this we must not lose sight of any diseased condition of the upper air passages which may tend to keep up a state of chronic congestion of the middle ear. Adenoid vegetations or enlarged faucial tonsils may be contributing to the diseased condition. These will have to be removed before we can expect any benefit from treatment. Hypertrophy of the turbinated bodies has been claimed by some to play a prominent part in retarding recovery in these cases. A craze for turbinated bone sawing has taken possession of many men the past few years. They would have us believe that all suffering with deafness from whatsoever cause can be relieved by sawing out the turbinated bones. I have seen many patients the past three years who have submitted to this trying ordeal, and am frank to say that I have yet the first subject, who, in my opinion, has been materially benefitted by removal of the turbinated bodies. There may be some cases benefitted by the operation, but I believe the majority of cases are harmed by such procedure.

In our efforts to relieve the local condition, we should endeavor to make the application directly to the diseased parts. An alcoholic solution of boric acid or bi-chloride of mercury is best applied by cotton twisted on a probe bent at proper angle. Prescribing astringent solutions to be used in the ear *ad libitum* is of no practical benefit, and may result in affording excellent soil for the development of the various vegetable molds. We should see that proper precaution has been paid to cleanliness and then make application of remedies as indicated.

The use of powders insufflated into the ear has been a popular means of checking discharge from the ear for years. This

practice cannot be too strongly condemned. The powder blown into the canal will dry into a firm crust after absorbing the discharge, and crusts thus formed may prevent a free outflow of the secretion, thereby producing unpleasant symptoms. In some cases after the discharge has been greatly reduced, a small amount of moisture may persist, and the progress of the case stops at this point. In these cases fluid applications seem to tend to keep up the discharge. Here the insufflation of a minute quantity of boric acid, oxide of zinc or alum will frequently check the discharge completely, the ear remaining perfectly dry. We must bear in mind that a very small quantity of powder must be used. We should never fill the canal with powder for the reasons above indicated.

After persisting in a careful treatment for a reasonable period of time, say four to six weeks, and the discharge does not considerably decrease, we have reason to believe that diseased bone is the cause of the trouble, and should resort to such surgical measures as in our judgment will aid us to a favorable termination. Caries of one or more of the ossicles may be the cause of the discharge and they will have to be removed before we can hope to cure our patient. Ossiculectomy is rational even though the osseous walls in regions inaccessible are involved, for thereby we are enabled to procure free drainage of the intra-tympanic spaces.

In the treatment of chronic discharges from the ear we must not lose sight of the benefit that may accure from proper constitutional treatment. Due regard to the condition of the general system will aid us materially in combatting the many unpleasant symptoms that may arise in the course of a chronic inflammatory process of the middle ear. I place great reliance upon syr. iodide of iron in size doses to suit age of patient. A prescription that has proved of great value in my hands is: iodide of arsenic gr. ii., spec. echinacea ℥ii., aq., q. s. ℥vi.; teaspoonful four times a day. Patients who are addicted to the excessive use of alcohol and tobacco in any form, should be advised to discontinue their use. Any evidences of malnutrition the result of some hereditary diathesis should be corrected by remedies indicated by symptoms present.

SECTION E.

JUNE 19, 1895.

SUB-SECTION I. *Obstetrics and Morbid Conditions of the Genitalia.* Chairman, ANNA E. PARK, M. D.; Vice-Chairman, Anna G. Kaufmann, M. D.; Secretary, Susan K. Whitford, M. D.

None of the officers were present, but two papers were presented.

PAPERS PRESENTED.

THE VAGINA INJECTOR.

By G. W. KING, M. D., King's Station, N. Y.

In giving a brief essay on the instrument represented by the above cut, something like a paradoxical expression will first be made. By a lengthy observation it has been discovered that the Vagina Injector is so simple that many persons—including some physicians—at first sight can not see its superior qualities. Paraphernalia and complication which may be useless, or worse, often receive homage when valuable simplictiy is spurned or unnoticed. Glittering stars, far above the head, are sometimes more attractive than jewels under or near the feet. There are persons now upon the earth who are substantially doing as those did who could not see the advantages of a stove over the old open fire place, or how one cord of wood, wisely used, could be made to furnish more available heat than ten cords otherwise used. Such persons do not appear to understand how two ounces of cleansing fluid, properly applied to the vagina, can be made to do more good than two gallons as commonly used; or how a tablespoonful of a medicated wash can be so used that it will give better results than four quarts given as vaginal injec-

tions usually are. Custom has so established the faith in a large quantity of water, which has been forced into and out of the vagina, doing more good than a small quantity, suitably used, that it is about impossible for some persons to change their faith in that line. They can now see how the large quantity of heat that escaped through the chimney from an old fireplace did not do the family living in the house any good, yet they have not matured enough to understand that merely forcing gallons of water into and out of the vagina has been mainly work without profit. Some persons understand that a dirty wagon can not be cleaned, no matter how much water is put upon it, without rubbing, yet they are unable to think that something besides soaking and rinsing must be done to cleanse a vagina. After all, it is not the easiest thing in the world for some good people to be consistent. Many persons have learned only a part of that good old rule which declares that "size is the measure of power, all things else being equal."

A statement will now be made, with a declaration that it can not be proven to be false. Water, or any cleansing liquid, may pass from a syringe, having a nozzle only half an inch in diameter, into a vagina for hours, without causing a cleansed condition of the organ. Why? Because such nozzle, or tube, is not large enough to dilate the vagina so as to touch the matter within its wrinkles; because such nozzle does not rub any adhesive deposit from the mucous membrane of the vagina; because in such nozzle there is not furnished any sure outlet for impurities; because when a thin liquid is merely poured on to bad matter or dirt and allowed to immediately run off, whether it is upon dirty hands, garments, carriages, or the lining membrane of the vagina, there has not been a thorough cleansing.

That which is absolutely necessary for thoroughly cleaning and medicating a vagina, and the neck and mouth of the womb, is an instrument that will reasonably expand the vaginal cavity, surely detach bad matter and give an outlet for it, hold any needed wash upon any part of the vagina for any required time, and do all its work cheaply, conveniently, safely and effectually. Although such combined qualities may be called perfection, yet

faithful use has demonstrated that they are possessed by the Vagina Injector. There is no exaggeration in claiming that it is the best, cheapest and most durable vaginal injector ever invented. The Vagina Injector cannot be improved any more than a hammer can be which consists of a perfect body, face, claws and handle. About it further information will be given upon request.

ATRESIA VAGINÆ.

By E. H. Carter, M. D., Des Moines, Iowa.

About Dec. 1, 1894, there came under my professional care, a young lady twenty years old, with the following history: During childhood it was discovered that there was some malformation about the genitalia. The family physician and a consulting physician examined her, but nothing at that time was considered necessary to be done. When fifteen years old there developed symptoms of approaching womanhood, with monthly pains as may occur at the menstrual period. At that time two surgeons examined her and diagnosed atresia vaginæ and attempted an operation. About two months later the patient was again anesthetized by the same surgeons, an examination was made, but nothing further was done.

After the operation the symptoms were as before, only the periodical pains gradually increased in duration and severity and opiates were used freely. When seventeen years old she was examined by two other surgeons, who said that an operation was necessary, but it seems that they were not willing to do it. At that time there was perceptible abdominal enlargement, which gradually increased up to the time first referred to—Dec. 1st, 1894—when there was a well defined tumor, and the pain was almost continuous. The tumor occupied the lower part of the abdominal cavity reaching as high as the navel, and was much more prominent on the right side than on the left. It was very hard and unyielding. The labia majora and labia minora were not well developed.

There was an opening at the vaginal orifice extending inward about half an inch. An examination with the finger in the rectum and a sound in the bladder failed to discover even the slightest trace of vagina. The posterior walls of the urethra and bladder seemed to come in contact with the anterior wall of the rectum. The uterus could be distinctly felt through the rectum, and the finger in the rectum could be brought forward carrying with it the anterior wall of the rectum and the posterior wall of the bladder until it would rest on the anterior aspect of the uterus. This organ seemed to be nearly normal in thickness, but its most dependent part was about two inches in breadth. It could be definitely ascertained that it was wedge-shaped. On the sixth of December a large aspirator needle was put through the abdominal wall into the most prominent part of the tumor and about an ounce of dark grumous blood drawn out. It was thick menstrual fluid and obtained with difficulty, being too thick to readily pass through the needle.

There was no material change until the 18th day of December, when she was taken to Tracy Hospital. The bowels having been moved by a mild cathartic, an antiseptic bath was given, she was anesthetized and placed on the operating table in the lithotomy position, before a window giving a good light. An assistant on either side supported the limbs and retracted the labia. The parts being thus stretched, the slight depression at the entrance of the vagina was obliterated. A transverse incision, an inch and a quarter in length, was then made between the urethra and the rectum. With a sound in the urethra and the forefinger of the left hand in the rectum, the forefinger of the right hand was introduced into the incision and gently forced along.

The distance between the rectum and the urethra at the surface was an inch or more, and advancement with the finger was comparatively easy for the first inch and a half, but the parts gradually approached each other until at the junction of the urethra and bladder there was only a thin layer of connective tissue between the latter and the rectum. From this on progress was slow and the danger of leaving the tract was imminent.

It would seem that the bladder was being encroached upon and again the wall of the rectum would seem too thin. Strong adhesions were reached that would not yield to the finger, and often the handle of the scalpel was used and once the blade was necessary. These operations were fraught with so much danger that to avoid entering the bladder on one hand, or the rectum on the other, much time was consumed and the operation occupied an hour and a half. The distance transversed was about four inches and the last part was very difficult, the finger being too short to readily reach the entire distance. Finally, when the uterus was nearly reached, the rectum and bladder could not be made tense and it was extremely difficult to advance. When an attempt was made to go between them, the finger would pass into a fold of one or the other.

After a tedious and protracted effort a membrane was reached which interposed between the finger and the uterus. The latter could be distinctly felt beyond it. After an unsuccessful effort with the finger to force a passage through the membrane it was grasped by forceps and an opening made with blunt-pointed scissors. The finger tore the rent larger and the uterus was reached. Entrance had been effected into a small cul-de-sac. The wedge-shaped point of the uterus, as above stated, was about two inches in breadth, and no opening into it, and no indentation or indication as to where one should be. The aspiration needle was thrust into the uterus about two inches, withdrawn, the direction changed, and again inserted, but no cavity was detected.

The needle was then introduced through the abdominal wall into the tumor, but only a few drachms of thick blood was obtained. A glass tube was placed in the newly-made vagina, held in place by a T bandage, and the patient put to bed. She rested well the first night, and was bright and cheerful the next morning, and remained so for about sixty hours after the operation, when the old pain returned and soon became periodical, very similar to severe labor pains, continuing five or six hours, when intense burning pain was felt in the bowels above the tumor, with nausea, followed by general tenderness over the

abdomen, great prostration ensued, and death occurred at the end of four and one-half days.

On post-mortem examination there was found a hemato-salpinx of the right side, larger than a child's head. The inner surface of its walls, except a small portion at the upper posterior part, resembled a dry bladder. It was lined with desiccated menstrual fluid so dry that it could be taken in the hands and broken up. A portion of the contents was semi-fluid. It was adherent to the uterus and communicated with it by two openings. There was only a few square inches of the tumor which were not adherent to the adjacent parts. The convolutions of the intestines in the vicinity were firmly attached to it. The uterus, its appendages, the rectum and upper part of the bladder were bound together by old adhesions.

The tumor was ruptured at its upper and posterior aspect, and an ounce or two of its contents emptied into the abdominal cavity. Acute inflammation had spread over the intestines and peritoneum, and was of course the cause of death.

There was a hemato-salpinx the size of a hen's egg on the left side, but it had no communication with the uterus. The repeated attacks of inflammation had completely obliterated that part of the tube. Joined to this tumor was a thin serous sack, containing about an ounce of clear colorless fluid, and in the same vicinity a cheesy mass, supposed to be a degenerated ovary. The uterus was slightly above the usual length and thickness, but nearly twice the usual breadth, and a septum through its center divided it into two lateral cavities.

At the upper and inner corner of each cavity on either side of the septum was an opening, through which the little finger could be passed, communicating with the tumor. The length of these passages being only the thickness of the walls of the uterus and tumor.

It is useless to state that this operation was done five years too late.

SUB-SECTION 2. *Female Pelvic Diseases.* Chairman, MARY V. COSFORD, M, D.; Vice-Chairman, Julia E. Bland, M. D.; Secretary, Charlotte E. M. Wright, M. D.

No officers being present, this section was not organized.

PAPERS PRESENTED.

DISPLACEMENTS OF THE VAGINAL WALLS—SURGICAL TREATMENT.

By ROBERT C. WINTERMUTE, M. D., Cincinnati, Ohio.

In studying the functions of the vagina it is said to be, first, an organ of copulation; second, an excretory canal for the uterus; and, third, an organ of parturition.

It is thus usually looked upon only as one of the organs of generation, and to this end is one of the principal internal organs under that classification, and of especial functional importance in its relation to copulation and parturition. There is another important feature, however, that is usually overlooked, or at least not given the consideration that its importance demands, in the study of the anatomy of the part under consideration; I refer to the manner in which the uterus is supported from below by the vagina. When at rest and in normal condition, the vaginal walls are to a considerable degree in a state of collapse; the posterior wall supports the anterior, and instead of an open canal or cylinder, as the organ is usually thought of, it becomes a column. Thus the support to the uterus becomes firm and steady, overcoming the tendency to a downward displacement or falling of the womb—the support becomes columnar instead of cylindrical. This last function of the vagina is frequently destroyed, resulting in a displacement of the uterus, with the usual varied symptoms attendant upon such a condition. The walls become flabby, showing a want of tone and firmness, attended by a leucorrhea. Such a condition frequently follows as a result of inflammatory action—the causes of which

are so common that the woman who does not suffer to some degree in this particular is the exception—as is evidenced by the frequency with which we encounter leucorrhea as a symptom in our practice among women. This condition very frequently exists, also, as a consequence of parturition, especially when the perineum is lacerated, under which circumstances it usually depends on the sacrifice of the perineal body, the restoration of which generally overcomes the difficulty. There are three distinct forms of displacement of the vaginal walls, recognized. The anterior wall prolapses, the bladder is included with it, owing to the intimate relation between the parts, and the want of support to the bladder; this is known as cystocele. Prolapsis of the posterior vaginal wall does not always include the rectum in the displacement; it may exist entirely in itself, the structures being less intimately related than in the former variety. The third variety is prolapsis of the entire circumference of the vagina, usually dependent upon imposition of the fœtal head and prolonged pressure on the parts, resulting in a redundant condition of the walls with a lagging and relaxed state, and finally a thickening of the mucous membrane, the weight of which favors the displacement. Frequently in this variety there will be a pouching of both walls at the vulvar outlet, giving the appearance of a cystic development, or a tumor formation, the appearance of which to the inexperienced eye is often misleading.

Cystocele is the most common form of vaginal prolopsus; it is produced by frequent parturitions, inflammation of the parts, certain uterine diseases, or any cause in fact which impairs the tone of the walls or affects its lower support, as laceration of the perineum; however, these displacements frequently exist independently of rupture of the perineum. As the bladder gradually loses its support by relaxation of the anterior wall, it inclines to drop back into the vagina. This affects the free flow of urine, the distention and retention owing to the weight of the bladder, still further increasing the displacement, until the prolapse is complete. The symptoms usually present are a sense of weight and discomfort, together with a feeling of fullness in the vagina, pain on walking or moving about, with a tendency to become fatigued. Difficulty in evacuating the bladder is one of the most

distressing symptoms; in fact it may become impossible to do so naturally, thus necessitating the frequent use of the catheter. The patient often aids the evacuation by introducing the finger into the vulva, and replacing the bladder. Usually there is the frequent desire to pass urine with a burning and smarting in doing so. Inability to completely empty the bladder may result in changes in the urine, followed by a catarrhal inflammation attended by all the symptoms peculiar to such an affection.

The causes and symptoms of rectocele are similar to the foregoing. Constipation is usually complained of as a result of prolapse of the posterior wall, which is often caused by lack of expulsive power, owing to a lax condition of the muscular structure. Habitual constipation is a common cause and symptom of rectocele; accumulation of fecal matter, produces finally a pouching of the anterior wall of the rectum, together with a relaxation of the structures adjacent, and ultimately prolapse of the posterior wall of the vagina. It often exists as a consequence of weakening or laceration of the perineum following parturition; and a cure, under such circumstances, will depend on the restoration of proper perineal support. A patient complaining in a manner suggesting displacement of the vaginal walls, should be submitted to a careful local examination. One would resume it an easy matter to diagnose cystocele or rectocele. However, the protrusion thus formed has often been mistaken for prolapsus uteri, as well as for tumors of various kinds.

Cystocele may be readily determined by passing an instrument into the bladder, which can be felt through the prolapsed wall by a finger in the vagina. The size of the tumor may also be reduced by drawing off the urine with a catheter. The vagina is occluded by anterior displacement, the finger being carried to the uterus along the posterior wall, the reverse being the case in rectocele. The tumor in cystocele is soft and fluctuating, and the degree of displacement varies, depending on the amount of urine in the bladder. In rectocele the tumor is firmer and not fluctuating, and through the walls may often be felt the impacted feces with which the pouch is filled.

The finger introduced into the vagina will help decide in diagnosing rectocele. The treatment in these cases will depend some-

what on the parts involved, though it may be considered either radical or palliative. Restoring the perineal body, where this structure has been lacerated, will, in such cases, be all the treatment necessary to overcome a slight displacement.

Palliative treatment consists in the use of pessaries or other means of artificial support, by which the displacements are adjusted and kept in place. At the same time tonics are administered, and astringents used locally to increase the muscular tone of the walls in the hope of overcoming the trouble. The Gehrung pessary is in common use in cystocele. Prof. Mundé says it is the best of all supporters for this condition. A modification of Hodge's pessary, likewise Chadwick's and Skene's, is frequently advised. My experience with hard rubber pessaries has not been satisfactory. They usually produce an irritation and inflammation of the parts,—are not easily adjusted, prove a source of constant annoyance to the patient, and are finally cast aside. The pear-shaped rubber bag, or the rubber bag of Barnes', accurately adjusted and then properly inflated, answers a better purpose. A tampon of absorbent cotton or soft sponge may be used, especially where local medication is desirable; astringents may be used in this way, as tannate of glycerine (one part of tannic acid to four of glycerine), with an additional curative effect. I desire especially to call attention to the operative treatment, which usually consists in shortening the weakly perineal body, or repairing the part if lacerated, both operations being similar. A circular strip of mucous membrane is dissected from around the prolapsed wall, and the sides drawn together with interrupted silk sutures, so as to restore the wall by supporting the pouch. Without going further into detail I desire to notice Stoltz's operation, which gives better results, is easier of execution, and one from which the patient has a better getting-up. Dr. Paul Mundé has abandoned the old methods altogether for the new, as have several other well-known gynecologists.

In cystocele the protrusion of the anterior vaginal wall should be denuded in a circular manner, the mucous membrane being entirely dissected from the part. A stout, silk ligature is then passed entirely around the freshened part, just outside the line of denudation, the needle entering and emerging from the tissues regularly until the part is surrounded. The ligature *may* be

armed with two needles, and beginning at a point nearest the cervix, each side of the tumor may be sutured singly, the two needles meeting with the ends of the ligature below the meatus urinarius. The manner in which the ligature is introduced is something like the puckering string to an ordinary tobacco pouch. The prolapsed wall of the vagina and bladder are to be pushed forward into the bladder from the center of the denudation, and held there while the ligature is drawn down until the wounded edges completely approximate, when the ends are securely tied. The bladder is to be emptied every three or four hours to prevent distention. The circular ligature (suture) is easily removed after about ten days. Dr. Munde recently operated in a case of vesico-vaginal fistula in this manner, successfully closing the rent, and reducing a cystocele by the same operation. Hagar's operation is to be preferred in rectocele, the bulging posterior wall being denuded of its mucous membrane in a triangular form with the apex directed towards the cervix. The weakened or lacerated perineum if involved, and if need be, is likewise freshened in a triangular manner, the bases of the denuded triangles meeting at the posterior commissure. The upper portion is then carefully closed with catgut sutures, care being taken to co-apt the edges accurately; when the posterior commissure is reached the suture is changed to wire, with which the perineum is closed. The catgut sutures may be left to be absorbed, the others being removed as is usual in laceration of the perineum. It is to be presumed that the proper attention has been paid to evacuating the bowels by an enema before the operation as well as during the process of healing. The legs should be tied together, rest and quietude observed, together with cleanliness, and such other care as the case demands.

LACERATION OF THE PERINEUM DURING LABOR.

By L. T. Branch, M. D., Sechlerville, Wis.

Laceration of the perineum during labor, if up to, but not through the anus, and if the patient when passing urine turns upon her hands and knees and uses extreme cleanliness, will generally heal, so as to give little or no subsequent inconvenience.

Yet it would be better immediately after labor, to close it by quill suture. Complete laceration of the perineum into the anus is distressing, being attended with incontinence of feces, and is prevented from healing by the action of the sphincter; hence it is necessary to divide the sphincter on each side of the laceration, then to sew together the edges of the laceration, and to prevent the new wounds from uniting, by placing a few threads of lint in them until the laceration has united. If possible this should be done at once; if not, the operation must be delayed until the lochia have entirely ceased. Then the patient being chloroformed and placed in the lithotomy position, the opposite surfaces of the lacerated parts, and of the lower part of the vagina between must be freely denuded of mucous membrane. Hemorrhage must be checked by iced water, or if necessary by ligatures; then the parts must be brought together by the quill suture. Three good-sized ligatures should be passed quite deeply through the tissues and be attached to a piece of bougie on either side, and the edges of the skin be brought together by two or three interrupted sutures; then, the finger being introduced into the anus, and a straight probe pointed bistoury by its side, the sphincter should be divided. The catheter must be retained after the operation to prevent the contact of urine with the wound. Opium should be freely given, and the bowels kept confined for four or five days.

LACERATIONS EXTENDING HIGH UP INTO THE RECTUM.

Lacerations deep into the rectum usually pass on one or both sides of the median line, as the S, V or Y-shaped, whereas in the lesser forms of rectal lacerations the rectal portion is rounded and may be treated as a median one.

In such a case it is all the more necessary that the denudation follow the lateral cicatrices in order not to remove the healthy tissue. Freund's method is the same as just described, except that more rectal stitches are required.

Emmet removes the tongue of the vaginal tissue, denudes beyond both rectal tares on the sides, and then draws the whole together by stitches passed completely across and directly through the tongue of rectal mucous membrane. Tait operates upon these deep rectal lacerations by splitting the recto-vaginal

septum (without removing any tissue) into thick flaps. He introduces the stitches at the vaginal edge of the raw surfaces parallel with the surface of the flap, carries them into the deeper structures and out at the rectal flap, introduces them at the rectal flap opposite and brings it out at the vaginal edge. In this way a large surface is united, the deeper structures are brought together, the rectal edges protected by the folding flaps and the operation very much simplified. The results are generally conceded to be good. The external parts are united similarly.

CHOICE OF METHODS.

The surgeon should vary his method according to the case, and be guided by the amount of displacement and destruction of tissue, and the shape and character of the cicatrix. The cicatrix should, as a rule, be excised and the denudation completed by the raising of flaps. Old cases may present so much shrinkage and contraction that flaps must be made of the cicatricial tissue. Flaps made in part of cicatrical tissue should generally be united by the Tait's flap stitch; flaps of healthy mucous membrane by ordinary superficial stitches in the vulva, and deep or flap stitches in the vaginal entrance.

PREPARATION OF THE PATIENT

For a week before an operation, in a case in which the rectal sphincter is involved, a mild laxative should be administered every two or three nights supplemented if necessary by daily enemas. A drachm of compound tincture cardamom, or a grain of piperin combined with a third of a grain of extract of nux vomica, may also be advantageously given every night for four or five nights before the operation. The diet throughout the week should be light and thoroughly digestible. On the day before the operation the colon should be as completely emptied as possible by two or three copious enemas of weak soap suds, or glycerine and water in the proportion of one to ten or fifteen. If the contents of the colon be not brought down, the enemas should be given in the knee chest position. After each evacuation the genitals should be bathed with soft water, and anointed with some cosmoline. The last enema should be of pure soft water (warm), and should be given from three to

twelve hours before the operation. A little later a small dose of an opiate with an aromatic should be given to protect the rectum and anus against the seeping of watery feces. When the sphincter ani has not been lacerated, nor the rectum opened at any point, all of this treatment may be dispensed with. A thorough evacuation of the bowels the day before, and an enema two or three hours before the operation will be sufficient.

PREPARATIONS FOR OPERATING.

The instruments necessary are a scalpel, a pair of sharp-pointed long-handled scissors, small and large curved needles, three tenacula, dressing-forceps, sponge-holder, needle-holder, catgut, silk-worm gut, wax, heavy and fine silk, three or four of the Langenbeck serres-fines for compressing arteries. We should have an assistant for the anesthetic, two to support the knees, separate the labia and hold tenacula, and another for instruments and sponges. The patient should be placed in the dorsal position with the knees drawn up. The operator should be comfortably seated with a good light shining over his shoulders, and his instruments on a table at his right within easy reach.

OPERATIVE DETIAL.

Before commencing the denudation, the operator should ascertain by palpation just what parts are out of place and relaxed, and by hooking the tissues together with tenacula how they can be best brought into place. Having then determined by inspection of the cicatrix and attenuated tissues what portion is to be excised and what to be turned up as flaps, an incision around that to be removed is made, and after its removal an incision along the edge of the flaps to be dissected up. Flaps should not extend into the muscular tissues unless there be cicatrized tissue or other evidence of an oblique laceration into it, as, for instance, in the unilateral flap laceration.

It is better to begin the denudation at the lower superficial parts, which do not bleed so profusely nor soil the parts to be denuded above. Large vessels may be clamped by the serres-fines or they may be tied with fine catgut, and thus time for a careful preparation of the surfaces be gained. After having performed

the same operation a number of times, the outlining of the part to be denuded will be unnecessary, and the denudation can be so rapidly made that little trouble will be experienced from the hemorrhage. Experience may often enable us to prepare the deeper vaginal portion first, and unite the edges before going any farther, as Martin recommends in his *elytrorrhaphia duplex lateralis*. Either the knife or the scissors may be used for removing or raising the tissues. With the latter we can, however, work more rapidly and with less hemorrhage. Various special forms of knives have been invented, but have failed to come into general use.

After the surface has been prepared, it is well to bring the parts into opposition by tenacula. If they do not fit to each other, they may then be made to do so. But the great mistake should never be made by trying to increase the size of the perineal body beyond the normal by removing healthy skin and mucous membrane, for the traction upon the stitches will prevent union of the superficial, and, perhaps, of some of the deeper essential parts. When redundant, it is better to dissect up the skin or mucous membrane as flaps, and unite them by superficial stitches, for by their resulting amplitude they will add to the distensibility of the sturctures, and tend to prevent laceration under subsequent distension, rather than to favor it, as would be the case when too much is removed.

SUTURES.

I use a semicircular needle like that described for the immedidiate perineorraphy, for the external stitches. I hold the ends of the first two fingers within the curve, and the thumb against them from without, and carry the point completely around through both sides before drawing it through. For the vaginal and vulval stitches, a smaller curved needle used with a needle-holder is sometimes more convenient. Needles mounted on a handle are not to be recommended, as they make too large a puncture, are liable to break, require threading after being passed, and possess no advantage over a good needle-holder. It is better to introduce the needle at or near the edge of the wound or flap, and pass it obliquely deep into the tissue, in order to grasp deeply, and at the same time take a circular direction when the surfaces

are coapted. The deeper the wound the nearer the edge should the needle be entered. Silver sutures may, however, be made to include a liberal portion of the skin, for when twisted they can be bent at right angles at the point of emergence from the skin so as to lie flat upon the surface.

Deep stitches should only be drawn tight enough to bring the surface together, as the subsequent inflammation will tighten them still more.

For the rectal stitches, catgut should nearly always be used. For vaginal stitches, silkworm gut or silver is preferable, that they may be left in place as long as desirable. For the vulva, silkworm gut or silk is best, although catgut will do for vulval flaps. For the external stitches, waxed silk or silkworm gut is best, and will, if properly placed, give as good results, and much less trouble, than silver. Silk is usually preferable for the flap stitch, as it accommodates itself better, when tied, to the direction of the surfaces. Silkworm gut, when tied, draws the parts into its circle, and requires to be passed through the tissues in a circular direction.

When silver sutures are used, the twisted ends should be left from two to three inches long, and made to converge near the ends to a common point, and then fastened into a piece of rubber tubing. Catgut stitches should be left to be absorbed. Silkworm gut may be left in as long as desirable, and will not ulcerate nor be absorbed for a long time. Silk absorbs secretions, and may commence to ulcerate in from five to six days, and should be removed as soon as an increasing redness or commencing ulceration about the stitch is noticed. Silver, if properly placed, may be left for a week or more, but it is liable to ulcerate, and requires removal in five or six days when there is much traction upon it, or when it is twisted too tight.

THE QUILL SUTURE.

Although somewhat antiquated, the quill suture is one of the most useful and rational ones. It brings the deeper parts in apposition without compressing or depressing the superficial edges. It is called for when there has been sloughing after labor, or removal of tissue by previous unsuccessful operations, producing great lateral traction. The suture consists of a double thread

passed through the skin about half an inch from the edge of the wound straight down into the deeper tissues, out over a small space at the bottom, and through the other side, so as to emerge opposite the first point of introduction. Two, sometimes three, such double threads are passed and secured by slipping a quill or flexible bougie, or the like, into the loops of the double ends on the side of introduction, and, after drawing them tightly so as to grasp the quill, tying them over a quill on the opposite side. Before being tied, the sutures must be drawn tight enough to approximate the bottom of the wound. The cutaneous edges are then united by several superficial stitches.

The traction upon the quilled sutures is often very great, and in a few days causes some ulceration upon the skin under the quills. As soon as this occurs, after the fourth day, they must be taken out. The superficial ones should be left a little longer. Many prefer to secure each suture to a button or plate on either side.

As the great barrier to success in the operations for complete lacerations seems to be the traction of the sphincter ani, one or two incisions (open or subcutaneous) through the posterior part of the muscle are sometimes made over it. This effectually relieves the traction, and is a desirable safe-guard in very old lacerations: but is not necessary in lacerations of only a few months standing, provided the entire thickness of the sphincter has been co-apted by the two lower external sutures. It is, however, sufficient in any case to cut about two-thirds through the muscle, and thus gain a partial relaxation. Or the internal fibres may be relaxed by an incision half-way through the muscles posteriorly on one side, and the external fibres also relaxed by a subcutaneous incision on the other side involving only the external fibres.

AFTER TREATMENT.

When the rectum is not involved, the patient is put to bed for eight days, and then kept quiet for another week. A napkin should be pinned about the knees of restless patients so that they cannot be separated farther than twelve inches. The wound is kept smeared with cosmoline ointment to protect it. A piece of lint or iodoform gauze may also be laid over it to absorb the discharges.

It is well, but not absolutely necessary, to draw the urine with a catheter for the first two or three days, after which a flat bed-pan may be used. After each time that the urine is drawn or passed, the nurse should slightly separate the upper ends of the labia, so as to barely expose the edges of the wound, squeeze warm water over the vulva and perineum, for the purpose of removing all traces of urine and vaginal discharge.

When no inclination is felt to evacuate the bowels, they need not be disturbed for four or five days. A dose of neutralizing cordial should then be given, and an evacuation secured every two days thereafter. The parts must, of course, be thoroughly cleansed after each passage. Until the bowels move the diet should be mostly liquid.

The parts must be inspected every day or two after the third day, and if any odor or discharge of pus be noticed vaginal douches should be used. One or two per cent. solutions of carbolic acid in water two or three times a day, according to the amount of suppuration, will be found very effective. If the parts are found healhty I usually order a douch of plain, warm water twice a day after the third or fourth day, and direct the patient to make use of the opportunity for urinating.

When the sphincter has been lacerated and the rectum opened the patient should remain longer in bed, and subsist mostly on fluids for a week at least.

Milk, on account of its tendency to produce curdy stools, should be used sparingly. Great pains should be taken to prevent a movement of the bowels for the first three or four days, for before that, fluid feces are liable to invade the edges of the wound and prevent primary union: If hard lumps come down into the rectum while the bowels are being moved they must be mashed against the sacrum by the finger introduced into the rectum. When the colon has previously completely emptied, as already directed, the bowels may just as well be kept quiet for eight or nine days, when the introduction of the finger to feel for lumps will be safe.

Undue swelling and painfulness about the perineum may exceptionally require the local application of the ice bags. The patient should be kept in bed from ten days to three weeks, according to the extent of the laceration.

SECTION G.

JUNE 19, 1895.

Public Hygiene and Medical Jurisprudence. Chairman, FREDERICK WALLACE ABBOTT, M. D.; Vice-Chairman, S. B. Munn, M. D.; Secretary, John Lamoreaux, M. D.

This section was not organized; no officers being present.

PAPERS PRESENTED.

PREVENTIVE MEDICINE.

By PITTS EDWIN HOWES, M. D., of Boston.

As studious men, men who have devoted their life-work to the crushing and stamping out of disease, it is our duty to scrutinize closely all conditions; to see in what degree they may be removed, to what extent avoided. Even those of us who possess the most wisdom can study disease, and compare ourselves to the audience watching a dramatic representation. We see the various *dramatis personæ;* we listen to their utterances; we note the wealth of scenic display; we study the plot and its unravelling. But as yet we are not upon speaking terms with the actors; we have not been initiated into the stage mechanism; we are unacquainted with the slight means by which the most wonderful results are frequently obtained. Before we can, with precision, talk about "Preventive Medicine," we must understand something of those hidden causes by means of which various diseases are produced. A committee, appointed some years ago by the Royal College of Physicians, of London, has declared "that there are one thousand, one hundred and forty-six diseases affecting mankind." To these the student of "Preventive Medicine" must direct his attention.

Ailments bestowed upon men by birth may have been produced by some idiosyncrasy in the constitution of the parents, or they may be *indices* that their ancesters have been subjected to conditions propitious to the evolution of disease; or they

may point out that some casualty has occurred before birth. Inherited taint may manifest its predominance in two distinct ways, namely, in the proneness to, and in the augmentation of, disease. The infection may be of such nature that the disease, to which it tends, may not really occur until some vigorous outward cause is brought into play; or the pollution may promote the growth of the inherited disease without undue influence being exerted upon the unfortunate individual. The conception which ascribes the seat of this susceptibility to the nervous substance, rather than to the circulating blood, is more in harmony with recent knowledge. The blood is a medium that is continually changing its constituents, and could not, with any show of reason, be expected to retain a permanent taint. The nervous mechanism, on the other hand is, pre-eminently, undergoing the smallest amount of change; and is, as has been demonstrated, the method by which mental impressions have been conveyed. Moreover, medical science and observation have taught us that physical nervous injuries inflicted on progenitors are transmitted to their posterity. Epilepsy produced by nervous shock has descended in hereditary line. It has been proven that the impairment, which is capable of conveying hereditary ailments, must act on a nerve center or a nerve trunk. Damages of nerve ends are not followed by alterations that are lasting and transmissible. The Jewish race is a strong exemplification of this fact. For ages they have made an external wound upon all male children, thereby severing the nerve ends, but they have never, by this act, created a case of hereditary change. It is not until a movement of a part, or the nutrition of a part, or the motion and nutrition of a part is perverted, by a central injury, that the inherited mischief is produced.

There are three hypotheses by means of which medical writers attempt to explain the zymotic theory in its relation to the cause of disease. The parasitic hypothesis, which discovers the origin of zymosis in the introduction into the body of a parasite like the bacillus, spirilium, or bacteria. The vital germ hypothesis, which traces the zymosis to a diseased living germ generated in the body. The nervous hypothesis, which explains the zymotic affections by means of diseased secretions which are

produced by nervous derangement. Of these three, Dr. Richardson says: "I believe that the last hypothesis explains fully why the first symptoms of all diseases point to nervous derangement; why there are varying periods of incubation; why there are hereditary tendencies for and against the particular diseases; why a certain measure of protection is afforded by an attack of one of these diseases; why a purely mental or nervous act excites these affections; and why there is so close a correspondence, running even with season, between physical and moral outbreaks of spreading and contagious affections." The nervous hypothesis exclaims, to men and women,—you are responsible for these diseases which are propagated by contact. It looks upon the person suffering from an infectious malady as one precisely, for the time being, in the condition of the animal that naturally secretes a poison. Acknowledging this fact, it perceives that the danger can, or should, be confined to a limited space. Prevent that person from contact with the rest of the human family; see that all of his secretions—gaseous, fluid or solid—do not come in contact with susceptible healthy persons, and the cause of danger is allayed. When the secretions of the affected person are restored to their normal condition he ceases to be a disseminator of disease. Should he die, then, because of his death he must stop generating the poison, and the danger has vanished, unless some of the germs, grown before decease, be carried away from the lifeless form. If this hypothesis be true, as many facts point to its truthfulness, those interested in preserving the public health have complete control over the spreading of the poison of all the contagious diseases. They have only to realize that the productive and reproductive power emanates from the individual, and they can, by proper precaution, limit its creative force to that person, even with our present enlightenment, with hardly an exception.

Excessive alcoholic indulgence can, without doubt, be given special preponderance among the social causes. Some time since the Harveian Society, of London, through a committee appointed for the purpose, ascertained the proportion of deaths due to alcohol in 10,000 deaths reported in that city. From this report we glean the fact that there were 1402 deaths, or nearly as possi-

ble 14 per cent., in the causation of which alcohol appears to have played some part. Down, in a paper on *Mental Affection of Childhood and Youth*, said: "With fathers phthisical and irascible, with mothers feeble in judgement and so emotional that everything is a cause of fright, one is astonished that they should have procreated any sane children at all; and, indeed, in some cases the whole progeny of these parents is puny and feeble." He says, further, "I feel quite sure that drunkenness must be placed among the factors in the production of idiocy. I have had under my observation several families in which the majority were mentally weak, and the whole more or less fatuous, where fathers were never very drunk, yet never perfectly sober; and in these cases the chronic alcoholism had produced a condition of mental hebitude from the slow poisoning to which they were subjected." Grenier, in his thesis of 1887, on the discussion of the progeny of alcoholismics, shows by numerous instances that weak-minded subjects are very much inclined to abuse strong drink, and that from being at first hereditary alcoholismics, they became inebriates in process of development by the same sequence as their progenitors. He says, "We see alcoholics not only generating feeble offspring, but implanting in them also the taint of alcoholism. Hard drinkers procreate hard drinkers in a notable proportion of cases—approximately one-half." Legrain says: "There are but few cases of degenerates in the careful study of which we may not discover somewhere evidences of excessive addiction to strong drink. On the other hand, it is notorious that in the category of confirmed inebriates we find their progeny to include cases of idiocy, imbecility, weak-mindedness, and various neuropathics, of which the most frequent is epilepsy." The larger proportion, by far, of medical authority in England, Germany, France, and our own country, are in favor of the assumption of the transmission from parent to child of not only the alcohol habit, but of many neurotic ailments. Those most affected by this condition, and among whom reform must be promoted if ever, know little or nothing of the subject, and have the least opportunity and inclination to learn.

Uncleanliness is one of the most frequent sources of disease. Uncleanliness in regard to food produces many of the troubles

which originate in the digestive apparatus; this is especially true of those ailments which are of a parasitic nature. Water, that supports organic and inorganic life pollution, is unwholesome, and a prolific source of many diseases that prevent tissue building. Some nervous troubles are provoked by uncleanliness in feeding. Air not properly renewed and rejuvenated will produce many causes which act in a deleterious manner upon the blood, the circulating and respiratory systems.

In the enumeration I should not forget those dependent upon worry, unnatural physical exertion, and moral contagion. These elements all act, first of all upon the nervous mechanism, and are transferred to those parts which depend upon the nervous centers for their living power. Man acquires, through mental influence, diseases, both physical and mental, which do not belong to the lower form of animal life. Man, alone, possesses this peculiar gift of fore-knowledge, which allows him to be disturbed by the presentiment of what is to take place, or what may happen, and thus conjectured trouble may affect him as sensibly as if it actually occurred. All conditions of nervous disturbance, whether they be congenital in their nature or derived by the accident of physical disease, assist largely in the growth of extended physical weakness. Possibly, it may be that in all cases of mental derangement there is some such exciting propensity, for there is no person existing, at the present time, who can say that he is absolutely free from all physical imperfections, either dormant or energetic. It is passing strange to what a slight extent this question of acquired physical disease, from mental excitement or influence, has been investigated. Even those most interested, the medical men themselves, have been satisfied to allow this question to be crowded aside, while they devote their time and powers to studying the more palpable indications of disease. To inquire how a person could be infected by taking some poisonous substance into his system through his lungs, his skin, his stomach, were indeed a scientific and commendable pursuit; but to discover what might come in contact with the senses, the windows of the mind, and become mighty for weal or woe, that, verily, were too illusive and irrational. The necessity for this study was never so essential as

now, because the requirement of it rapidly augments with intellectual development. By the progress of civilization those influences, which act upon the body through the mind, become more prompt, intense, and enduring. The mind commences to govern, and the body, in its growth, is more sensitive to mental sway; thus the wrong developed by this tendency, is brought out more fully through its impressibility. I do not believe that mischief can be excited by mental work, if performed in a well-regulated methodical manner. The brain is the most enduring of all organs; it allows the greatest variety; it requires the most change; it is the most complete receptacle of animal force. Brain work, by which is meant mental work, may be prolonged without being injurious; indeed it inclines to a healthful existence, and an increased duration of life. It is possible that, by constant and continual development of the nervous mechanism for generation after generation, the race may arrive at a greater degree of health and longevity. We are self-conscious that the passions excite our physical nature; we know that excessive grief will cause many of the most painful affections; we know that whatever touches our emotions quickens the blood, and instigates many peculiar symptoms; we know that under sudden fear the limbs relax, the face becomes pale, the heart palpitates, and faintness or syncope is threatened or complete. These are plain facts to the most careless observer. But the painstaking, scrutinizing physician realizes that from these corroding passions diseases are frequently engendered which may cut short the existence; and which always produce an unfavorable effect upon the after life.

Apart from these influences acting upon the body through the mind, there are others, which should not be overlooked. They may be described as individual habits, and embrace the use of tobacco, worry in relation to business, irregular time for rest and sleep, excessive mental strain from overwork, and habits of moral failure. The diseases thus produced are especially noticed in the digestive, circulatory and nervous systems; of these, the nervous organism suffers most, and is generally the first in which the change is detected. Certain nervous diseases, depending upon bad habits to which the young are subjected, demand

special attention. These are contracted during the period allotted to physical development. They are, of necessity, hurtful, and certain to interrupt the completion of perfect life. The habit of enforced mental training, now existing in the most extraordinary degree, is a prolific cause of the nervous exhaustion and incapacity that threatens the future generations of women and men. The endeavor to crowd the brains of the young with an excess of knowledge causes, apart from its failure as a correct educational scheme, physical disturbances which are very significant. When the brain is continually overtasked in the growing child, however well that child may be cared for in other directions, there will be an excessive waste of nervous power in proportion to the overwork. This ends naturally in the building of a physical body that is lacking. In both sexes, this habit of mental strain leads to irregular hours of rest, to sleeplessness more or less severe, and to those results which follow, as a natural consequence, the loss of recuperative sleep. This method is not commonly a success during its progress. Afterwards all is loss. The breaking down of the general health must mean loss in every effort of life, with a resultant unhappiness which intensifies the original error, and to trouble adds trouble.

The conception that these various diseases, which we have hastily enumerated, can be prevented is of recent growth. The idea that has been handed down, almost to those who are now living, was, that diseases of all kinds were a part of the necessary suffering of human existence; suffering which might, by some art or conjuration, be removed, but could not be avoided or prevented. Because of this fact the so-called curative art, the means of relieving or removing disease, took, naturally, the first place in the trend of human knowledge. This curative art, brilliant in many of its discoveries, useful in many of its applications, could not, however, be expected to remain the only effort of civilization against the grim destroyer of the race. It was wonderful while it fought the unknown and the invisible. But in time, by the increase of knowledge, the belief in the unknown and invisible passed away. There was left, instead the fact that not a single disease, which had long been declared supernatural and beyond human ken, as to primal causes, was in the

slightest degree mysterious. Each and all could be traced by the aid of correct reasoning, and, when so traced were found, in a large degree, preventable. In this manner the science and art of "Preventive Medicine" was conceived. It is not an art, it is not a science that is separated from so-called curative medicine. On the contrary, the study of prevention and cure should be simultaneous, each supplementing the other. He is the most perfect sanitarian, he the most skillful physician, who understands best both the prevention and cure of disease. All fair-minded persons must admit that the time has arrived when the method of relieving mankind of its misery and load of disease can no longer rest entirely on what we term curative skill. An era has dawned in which the important thing is not only to cure disease, but to prevent its inception. The grand work, now to be performed, is the welding together of the two arts; to systematize the preventive part of medical science, so far as that is known; to bring the preventive into perfect union with the remedial; to show the world the close companionship which exists between the two; to teach every man and woman to assist in that which tends towards prevention. If we could stamp out from ninety to one hundred of the diseases which depopulate the race, we should prevent almost the entire field of disease; since, in doing so, we should also learn how to remove most of the lesser ills which do not kill.

There are three principal agencies applied to the prevention of disease. They may be designated, personal, municipal or local, and general or governmental. Of these three, the first, is, by far, the most influential; so influential that, if it could be thoroughly applied, the need of the other two would become of the utmost insignificance. As, however, it is next to impossible to secure proper individual attention, the other two must, of necessity, step in with their authority and educate the people in the proper performance of their duties. The local is next to the personal in importance. For local work there must be local power; power which should be used with wisdom; power which shall be, in its way, competitive; power which shall have the effect of exciting competition until health, like leaven, has leavened the whole of national life. Coincident with these two,

it is eminently fitting that a central board should be established; a board in a position to speak with authority on all questions; a board that could judge between divergent opinions, and in a position to harmonize clashing ideas; a board which, by the high standing of its members, would win the respect of the community, and, in the eyes of other nations, confer scientific dignity upon the country. Such a central authority would be of the utmost value.

The prevention of disease by heredity can only be systematically controlled by proper attention bestowed upon its origin. Measures should be instituted that would make it impossible for the intermarriage of disease. We should not countenance marriage where there is a decided indication of constitutional taint in both contracting parties even though they may represent different varieties. Such crosses of disease are even more dangerous than where both parents are suffering from the same taint. Special attention should be given to all women who are pregnant. There is no feature of "*Preventive Medicine*" which will yield such brilliant results; there is no part of it so persistently ignored. Men and women act as if they thought their deeds could not in the slightest affect their unborn children. Every woman should be instructed how her conduct will affect her child for weal or woe. This should properly come from the family physician. *Boards of Health should see that this knowledge is communicated to all marriageable people.* When this is systematically performed, a large amount of suffering and disease will be immediately crushed out of existence. I wish to *emphasize* the danger of exposing small children to sudden sounds or frights. Many painful impressions, which work mischief in after life and for which it is impossible to assign a cause, could be traced to faults of those to whom are entrusted the care of infants. At this period the brain is capable of receiving external impressions which the memory is unable to preserve. The drinking of tea and coffee should be strictly prohibited from the diet of growing children. It goes without notice, that all alcoholic beverages should be countermanded; also, that most pernicious habit, cigarette smoking. The mind should grow with the body, and lessons permitted rather than enforced. Nothing prevents the develop-

ment of constitutional disease like a strong and healthy growth of the nervous system. Children should be scrupulously protected from exposure to the contagious diseases, physical and moral. The common idea, which prevails to a large extent, that children must contract those ailments known as children's diseases, is reprehensible. All stimulants should be rigidly prohibited as children enter manhood and womanhood. The same rules, which are applicable to physical and mental strain in childhood, must be enforced during this period. All thoughtful people, who wish well for the future of the race, should strenuously strive to abolish the competitive freaks and insanities which are the fashion of the day. With their utmost strength they should oppose the current cramming system of so-called education, and the examinational aberration which brings this forcing system into existence. The result of this severe mental pressure is already producing fruit. It is *not* elevating the culture of the nation. It *is* unfitting manhood and womanhood for good, steady, progressive work. It is keeping alive, *yes, actively alive,* the constitutional inclinations to nervous and mental disease. It is especially injurious to young women, who are to become *the mothers* of a future generation. In adult life continual temperance in respect to alcohol is essential. Self-control and conquest over the passions or emotion are, with a mature man or woman, a powerful protection against the inroads of constitutional disease. It has been demonstrated, by the collection of certain data, that frequent changes from the crowded city, to the country will act beneficially, and several short visits will be more advantageous than a single one accupying a longer period.

For the prevention of the parasitical causes of disease there is one single watchword, the observance of which is as effectual as it is simple, and that is *keep clean*; for these diseases, with one or two exceptions, are due to uncleanliness. Three general rules might be given: Prevent contact of the healthy with the unhealthy; preserve perfect cleanliness of the body; maintain the general health of the young, who are the most susceptible.

At first sight it would appear to be a herculean task to suppress the large number of diseases which are due to, what we term, zymotic origin; and yet it cannot be denied that these are, of all

kinds, the most preventable. In applying the interceptive measures necessary to accomplish this, we must remember three admitted facts: That these diseases are communicable from an affected to an unaffected person who is susceptible; that the poison, or infected matter, whether it be living or dead, is specific and conveyable, for short distances, from the contaminated to the healthy by the air, by watery fluids, and by adherence to solid substances; that a person once suffering from these diseases is, as a general rule, protected for a certain time against their reoccurrence. The personal rules which must be practiced in order to subjugate the social causes of disease embrace all those various attentions to domestic and individual life which help to make it cleanly, chaste and pleasurable.

Psychical derangements may be prevented by that education of the young which will not allow over-strain of either the mental or physical powers; by the formation of fixed and regular habits; by the cultivation of habits of temperance, cleanliness, and purity of mind, as well as body; by the encouragement of all games and exercises, either mental or physical, which lead to a variety of accomplishments; but the exclusive development of either the organic structures or mental faculties is detrimental.

Local sanitary authorities can improve the air of their respective towns by the planting of trees, the introduction of parks and squares, and the immediate removal of all sources of atmospheric impurity. They should provide gymnasia and winter-gardens, especially for the poor, but their chiefest care should be the subsoil drainage of their special locality. Everything else is temporary and practically useless unless this important feature is attended to in a correct and scientific manner. Drainage not founded on proper principles is worse than useless.

Local Boards should appoint competent persons to examine all meats and fruits, see that they are free from injurious properties and in a wholesome condition for food. Statistics prove that the Jews are much more healthy than any other race. It is due, in all probability, to the scrupulous care with which their food-stuffs are inspected before they are exposed for sale.

To prevent the occurrence of parasitic diseases, affecting the skin, it should be imperative that each local authority supply the people, by means of public baths, every possible facility for cleanliness. In cities this is practised to a large extent; in smaller towns and villages it is decidedly neglected. It should be vigorously enforced in all localities.

In regard to the zymotic diseases, each local Board should use the methods mentioned when discussing personal prevention. To drain thoroughly is of prime importance; each house should be cut off from its sewer, and every town should be cut off from its sewage. Between sewage and storm water there should not be the slightest chance for intermingling. Each village, town, or city, should have built in a suitable locality, and fitted with approved appliances a laundry where all infected clothing must be thoroughly cleansed and disinfected. By this method a large amount of infectious poison would be crushed out of existence, and, of a necessity, much trouble, sickness and expense prevented. In addition to the laundry, all places, even the small country villages, should have erected a detached building, and in larger localities several detached buildings, to which all contagious diseases could be removed and suitable care given; thus the spread of the contagion would be prevented. In crowded cities it is well to have these hospitals situated, if possible, on a level with the roofs of the houses. They should be so constructed that the walls could be easily cleansed and disinfected. Hospitals thus built should be situated in the midst of the community, because it is an injurious practice to remove the sick any great distance. Every person in whose house an infectious disease appears should be educated, by example, to have such sick removed to a suitable place, close at hand, provided with all appliances for the most scientific treatment, and capable of perfect isolation. The nursing at these hospitals should be placed under the supervision of the Board of Health, and only trained nurses employed who have received their education from reliable sources. The physicians should be qualified practitioners, and responsible only to the Local Authority.

The industrial diseases might be reduced in a great measure, if, in all large centers, there should be constructed public work-

rooms, where, by the payment of a small amount, persons could be supplied with a suitable place in which to pursue their avocation. Each block of such rooms should be placed under competent supervision, to see that intruders were excluded; that each room was not applied to any other purpose than that for which it was rented; that each room was not occupied by any more persons than could work there with perfect safety to health. The industrial classes would not only become more healthy, by the adoption of this method, but every class would be benefited in some, if not an equal degree. Under present conditions, private work-rooms are *foci* from which spread devastating diseases. In these rooms lie the victims of scarlet fever and other contagious affections; here clothes are made which are to cover the bodies of the wealthier classes, and they carry those germs of disease which flourish so persistently if introduced to a susceptible locality.

In the formation of Local Boards of Health, it is wisdom to choose their members from all classes that are eligible for such election. It would be exceedingly wise to elect women on these boards, for they are by nature sanitarians; they see the lights of health and shadows of disease much more keenly than men. They are quick at suggesting sound wholesome reforms; and they know infinitely more about home and domestic life. When they are interested they become valuable allies, while they are as active in opposition if not thoroughly instructed. In all places, at all times, the medical Officer of Health should have the true place that belongs to him in all that pertains to official action. He ought to be encouraged to inaugurate reforms; he ought to be upheld in every useful health reform he brings forward; he ought to be placed in such an independent position that he can commence any reform and correct any abuse without being subjected to the risk and personal anxiety of dismissal for good service; he ought to be able to stamp out disease, of which he is the medical judge, as freely, as fearlessly, as unsparingly, as the legal judge or magistrate puts down crime; and he ought to receive sufficient compensation for the time he devotes to the public welfare and protection.

Roads should not only be smooth, but constructed in such a way that the surface water cannot accumulate. In towns and

cities, they should be quickly, thoroughly, and systematically cleansed from all organic debris with which they become polluted. In the country, farm-yards, with their decomposing litter, with their stagnant ponds, and often unwholesome outhouses, are a direct and indirect source of disease which should not be permitted by any Local Authority.

When all that can be performed by personal effort has been accomplished, and personal effort is backed by local administration authority, little remains for a central government to enforce. On the subject of prevention, there are, however, a few necessary precautions which can only be properly taken by Central Authority. Returns, as a matter of course, of all births, diseases, deaths with the of cause death, should be compulsory. Additional collateral returns, relating to the climatic disturbance of districts in which the diseases occur, and epidemic diseases of cattle, domestic animals, and plants, should also be collected. From such records, joined with complete geological survey of the districts, we should, in a few years, possess a perfect natural history of the spreading diseases. We should know precisely their modes of origin, their course, their relations one to another, as well as their mortalities; from these facts we should soon learn how to crush them altogether. In the prevention of disease of the zymotic class, it is important, perhaps essential, that the Government of the country should take into its own hands the management of the water supply. That it should provide, for the entire population, a system which would assure a healthful beverage for all consumers.

Central authoritative legislation is now demanded in so many ways, that nothing less than a *special* inquiry into the existing state of the laws relating to health, leading to unification and simplification of law, can ever meet the many social changes that are absolutely required. Everything is piecemeal, in present sanitary legislation, in all its bearing on social life. Amongst distinctive legislative requirements, the following seem the most urgent: The Central Authority should empower the Local to insist that owners of property construct all residences, and other species of buildings, of proper material, and on correct principles for health. It should also direct the Local Boards to

provide in every place for the lighting, and for the purification of the air, from smoke and other products of combustion which are injurious to health. To promote social health, some method should be adopted for the suppression of the sale of alcoholic drink, and the treatment of the worse sufferers from that agent.

For the complete perfection of the Central Health Department, in all its details, it is necessary that a Commission of Health be created, whose chief should be a member of the Cabinet. He should be appointed for his special qualifications as a sanitarian; not as a reward for political influence. There has been much discussion as to whether the United States Congress has power to provide a National Health Service. Such a service is essential to the public welfare, and the "Constitution" says: "Congress shall have power . . . to provide for the common defence and general welfare of the United States." One of the purposes of the Constitution, as declared in the preamble, is "to promote the general welfare of the people of the United States, ourselves and our posterity." A National Health Service would protect the best interest of every citizen, that of life itself, and would transcend any other interests of any class of citizens. There should be no question as to the power and duty of Congress to provide a National Health Service.

In an "Address on State Medicine," delivered before the American Medical Association, in 1891, by Dr. W. L. Schenck, he says, "The enlightened statesman knows that the strength of a nation lies in the strength of its people, and that the highest function of law is the protection of their life, health and development; that 'public health is public wealth.' When he comprehends that the great epidemics that destroy mankind, and cause immeasurable financial loss, are amenable to State Medicine, may we not believe that the National Government will establish a *Department of Public Health*, under whose protecting *ægis* it will gather the Marine Hospital Service, the Bureau of Education, of Vital Statistics, of Animal Diseases, the Climatological and Signal Service, and all that pertains to the health and development of the people; providing that, as in the army and navy, its appointments shall be preceded by thorough examination, and be made for life. In such a department there

would be enrolled a body of scientists unequalled in the world, working in harmony for the highest interests of mankind,—prevention of disease, the preservation of life, and the uplifting of humanity, giving dignity to State Medicine, and the highest possible physical, intellectual, and moral development to the nation."

Government is organized with the power of preserving the rights of its subjects. As a nation, we have a right to legislate against the procreation of the diseased and vicious, because that would result in the greatest good to the greatest number. We have a right to demand of our legislators such enactments as will, finally, stamp out disease and crime. Laws for the prevention of crime and vice should have the precedence over those for its punishment. Prevent it and the necessity of punishment will cease to exist. If the hereditary effects of syphilis, tuberculosis, scrofula, cancer, alcoholism, morphiaism, the baneful use of other drugs, and of criminal tendencies, were eliminated from our progeny, disease and crime, in a few generations, would be almost unknown. The keynote to an exalted manhood lies in the enactment and enforcement of laws governing matrimony. To this most holy and sacred ordinance there is absolutely no requirements but the attainment of proper age and the price of a license. Men are allowed, under existing conditions, to go before a justice of the peace, with a diseased body, a criminal mind, mock this divine institution, and desecrate its sanctity and its purity with their unholy and degenerate desires. They are sent out to bring into the world their kind, degenerates in body, criminals in mind, a generation of corruption. What can a nation expect that will allow disease and crime to run riot, absolutely free and unbridled, with no preventive laws directed to its source?

From a social-science outlook, the prevention of disease is vastly better and more economical than its cure. Sooner or later the people will grasp this fact, and will insist on its adoption. Then there will be a large demand for sanitarians. These should be, in a great measure, supplied from the ranks of medical practitioners. Therefore, the general good of humanity

demands an interest in sanitary science, together with a practical knowledge of its application in public health-work on the part of every physician.

One of the most remarkable instances of the recent almost complete local extinction of disease through sanitary measures is that of the suppression of typhoid fever at Munich, Bavaria. There, by special attention directed to the proper disposal of all refuse matter, and the providing of a pure water for consumption, the mortality has been reduced from 24.2 per cent., in 1859, to 1.75 per cent., in 1884; since that time it has been claimed that no cases are contracted in the city, the only ones seen being those that come there after contracting the disease elsewhere.

The record of the great saving of human life in Michigan, in recent years, is one to which her State and Local Boards of Health can point with pride. It is a record of saving eleven hundred lives per year from the three diseases, small pox, scarlet fever and diphtheria, as shown by the decrease in their mortalities. To all people, to all states, to all countries, comes home forcibly the command, "GO THOU AND DO LIKEWISE."

NOTE.—The facts and statements of the above were culled from such a variety of sources, that it will be impossible to give them in detail. The author wishes to acknowledge his obligations to many writers of medical, as well as scientific books, besides many pamphlets.

SECTION H.

JUNE 19, 1895.

Nervous System, General and Electro-Therapeutics. Chairman, FINLEY ELLINGWOOD, M. D., Vice-Chairman, C. E. Pickerill, M. D., Secretary, H. P. Evarts, M. D.

This section was called to order in the afternoon of the second day, the chairman presiding.

PAPERS PRESENTED.

CEREBRAL ABSCESS: ITS SYMPTOMS AND TREATMENT.

ASA LEE DAVISON, M. D., MOUNT PLEASANT, UTAH.

The term, cerebral abscess is applicable wherever a circumscribed collection of pus is found within the cranial cavity. An abscess of the brain as in other portions of the body, has for its origin a destructive inflammation, and is usually the result of an injury. Cerebral abscess in a great majority of instances, is the result of a severe blow upon the head, with, or without fracture of the skull. It may also arise from a vitiated condition of the blood superinduced by syphilis, or any excess tending to lower the vital force. Cerebral abscess, like appendicitis, is often only imaginary with the would-be surgeon who is seeking notoriety more than the welfare of his patient. Cerebral abscess is of rare occurrence, but when it does occur it is a very serious malady. When originating from the effect of a blow on the head there is either a compound fracture of the skull, with laceration of the dura mater, or concussion of the brain with extravasation of blood caused by a rupture of the terminal branches of one of the meningeal arteries, thus serving as a central point from which destructive inflammation may, and does have its origin.

Symptoms.—The positive signs of cerebral abscess are not always clearly defined, unless it be a compound fracture of the

skull with laceration of the brain substance. In a case of this kind the abscess opens spontaneously, a fistula forms around the orifice and a mass of brain granulations, known as fungus cerebri, will be seen pouting through. This fistulous opening is not always straight, but on the contrary is often very tortuous in its course, and consequently, is liable to occlusion. As long as there is a free exit of pus, the patient will be comparatively free from pain, and perhaps able to go about, but should the exit become closed by a clot or coagulum, the patient will very soon complain of headache, foul looking tongue with a rise of temperature, and unless the abscess is situated in the anterior lobe, there will be spasms of the muscles on the side of the face opposite the injury, with hemiplegia more or less severe, according to the extent of destruction of tissue, or the amount of pressure exerted by the collection of pus.

In case an abscess should form without a fracture of the skull, there would first be a chill more or less marked, followed by rise in temperature, severe localized pains in the head, the tongue assumes a white velvety coating, great thirst, and as the trouble advances to the pus-forming stage, the symptoms all grow more intense, and in addition the tongue becomes dry and fissured, the white fur gives place to a dusky coating, sordes gather upon the teeth and lips, the patient is very restless, muttering delirium ensues, convulsive movements of the muscles of face, with hemiplegia more or less complete, according to the location of the abscess and the destruction of tissue. In traumatic cerebral abscess with occlusion of its sinus, the same symptoms would be present. and unless timely surgical aid comes to the rescue, the sufferer will take a journey cross lots to the great beyond.

Diagnosis.—The diagnosis of cerebral abscess at best is shrouded in uncertainty and doubt, unless in cases where the skull is broken and the fungus cerebri pouches out, or when situated in the anterior lobe and breaks into the nasal cavity (as it sometimes does), when there need be no mistake; but when obscured from view beneath the cranial bones our diagnosis is not so certain, for a bloodclot will produce similar, if not the same identical symptoms. It would be best for the attending physi-

cian not to make a positive declaration as to which of the two is causing the trouble, for fear the proof might be contrary to his expectation in which event his knowledge would be seriously called into question. It matters very little whether an abscess is sub-cranial, sub-dural, or between the arachnoid and pia mater, or within the substance of the brain, as the symptoms and treatment would not materially differ.

Treatment—The medical treatment of a patient suffering from a cerebral abscess should be in strict accord with the symptoms as they present. It is the duty of both the physician and nurse to watch the patient closely, and note every change as it takes place, and promptly meet the indications as they arise. The room should not be too light. All company must be excluded, and pure air freely admitted into the sick chamber in all fair weather, and don't forget that Dr. Howe taught us that "Cleanliness is next to Godliness," and far better in a sick-room. In case the temperature runs high, give the proper sedatives, together with a tepid sponge bath, in which a portion of bi-carbonate of soda or salt has been dissolved. If bowels are torpid, give a saline cathartic, or an enema as in your judgment the case demands. Should typhoid conditions appear, showing sepsis of the blood, they should be promptly met with antiseptic treatment as in true typhoid. When the symptoms of brain pressure are unmistakable, as evinced by convulsive movements of the facial muscles and hemiplegia, the time is ripe for surgical interference.

The trouble being definitely located by the effect produced, remembering always that injury to the brain is on the opposite side to the effect produced.

The scalp should be shaved closely for a considerable distance beyond the point where you intend to operate; then wash the scalp with an antiseptic. Make a crucial incision through the integument and proceed to trephine and evacuate the pus, after which dress the wound with lint, saturated with Lloyd's "Nosegay" Asepsin, keeping the patient very quiet for some time after the wound is healed. I might have been more explicit both in regard to symptoms and treatment, but as I think a novice will hardly attempt to assume the responsibility of so grave a malady, I believe it to be unnecessary.

BRAIN INJURY—LIFE'S THREAD LOST.

HENRY WOHLGEMUTH, M. D., Springfield, Illinois.

I call attention to a case which may prove of some interest to the medical profession, as it unquestionably is one of a very peculiar nature.

As the story was very truthfully told soon after the occurrence in one of our daily newspapers, the *Illinois State Journal,* January 27, 1895, I will in part repeat it here under the caption of "Life's Thread Lost."

The music of life would be mute if the chords of memory were snapped asunder. Jerome K. Jerome had the inspiration of a poet when he penned those lines, and there is in them vastly more of beauty than of truth. The assertion has been fully disproven by the prose of sober facts in the remarkable case of Robert Steele, fifteen years old, a son of Alderman R. C. Steele, of Springfield.

The curtain of oblivion has been drawn so darkly upon his past life that only feeble beams of life steal through at intervals to vaguely show him what manner of life it was. The history of the case needs no embellishment to make it one of the most interesting in either medical or psychological circles.

On the 27th day of December, 1894, Robert Steele, in company with his brother Julius, went to Bloomington, some sixty miles north, to visit their uncle and friends. They had a royal good time, enjoying themselves hugely.

On the evening of January 2, 1895, whilst in company with their friends at the home of their uncle, R M. Steele, about 8:30 o'clock Robert took occasion to go out of doors. After having been out but a short time he went back into the house in quite a bewildered state, shivering as with a cold chill, which attracted the attention of his brother and friends in the room. Soon all became considerably alarmed, as he acted so strangely and not at all rational.

A physician was called and on his arrival found him in a very peculiar and critical condition.

None could assign any cause for so sudden a change. He showed spasmodic action accompanied with fright—his mind

completely unbalanced, his voice muttering and unintelligible. The doctor fearing, from the nature of the case, that matters would become worse and perhaps result in violence, gave a hypodermic injection of some opiate, or what, I do not know. Other medicines administered, such as hydrate of chloral and the bromides, must have been in the treatment, from what I could learn and observe when the patient was given into my care on his arrival home.

On the afternoon of January 3d, the father, Mr. R. C. Steele, received a telegram stating that his son was seriously ill. The mother went to Bloomington on the evening train, arriving there about eleven o'clock. The patient recognized his mother, and was resting more quietly, but evidently out of his mind. On the following day the mother concluded that she would bring the boy home, and was advised to do so by the doctor attending.

They reached home on the evening train, January 4th, and I was immediately summoned to see the patient. I found him in a very pitiable condition.

I could not gain any particular information of the probable cause of the phenomenon—the boy's mind was a perfect blank, and he showed symptoms of cold rigors and fright, seeking to hide his face, with some fixed ideas, muttering and calling names of parties with whom he had been visiting. His temperature was a shade above normal, tongue heavily loaded, broad and flabby, skin cold and clammy, bowels constipated, urine scanty and dark, a general depression which I in part attributed to medicines administered. I put him on a pretty active purgative, syrup comp. fl. ext. of senne in half-tablespoonful doses every two hours, evacuating the bowels freely; discharges dark and offensive. This I followed with syrup of ipecac and opium (pulv. doverii) two drachms; fl. ext. lobelia 10 drops to water 4 ozs. Dose—two teaspoonfuls every two hours. Applied mustard poultice to the back of neck and down between the shoulders. Applied cloths, wrung out of hot water, to the head, in order to relieve the head of any undue blood pressure, encouraged diaphoresis, induced better action of the kidneys and bladder.

To facilitate such results, I resorted to having the extremities frequently bathed with tepid water and alcohol, had hot damp-

ened brick applied along the sides of his body, with very favorable results. After discontinuing the warm applications I had cold baths applied to his head of water two parts, cider vinegar one part. On the fourth day from the time of commencing this treatment a marked improvement was noticeable; took some nourishment, rested quiet, slept reasonably well during nights, and became more communicative, but all the while knowing nobody but his mother, and that seemed more as if by instinct. His movements and actions were very child-like, playing and amusing himself with pictures and papers. He could not discern any color, nor could he read or make out letters—everything seemed to him like a dark mass.

He had no realizing sense of where he was, but thought he was somewhere, a pleasant place to stay.

Once in awhile he became restless; by spells he showed great fright, turning away, hiding his head and face in a pillow, making endeavors to scratch, bite and tear at the bedclothes. This gradually wore away, and his mind at times cleared up so that he would recognize objects, but could not say what they were or who they were without being told.

At times, when questioned, his memory would reach back for a few moments. His mother had the best controlling influence over him. He was obedient in every particular, and did not object to anything being done for him.

From day to day I could notice improvement; no fever intervened; temperature usually normal; tongue clearing; appetite fair; bowels and urinary organs healthful; his eyesight, which had been much dimmed, improved, and he would, to a great extent wait on himself and go about and become conversant with what passed from day to day, but had no recollection whatsoever of anything that had transpired in times gone by. All was a cloud, a perfect blank. He was a perfect stranger to father, brothers, sisters, neighbors and friends, beginning in a manner, a new acquaintanceship.

As it had been a most difficult matter to assign any good cause or give a reason with any degree of certainty of what had brought about his condition, we were surprised when on the ninth day from the time of the occurrence of the attack he related to his

mother what had happened, saying: "I went out of the house about half-past eight o'clock to see if it was snowing. I went down toward the fence on the sidewalk, when a big negro stepped out from behind a tree and asked me what time it was. I said 'I cannot tell you.' 'Yes you can,' the negro said, 'I see you have got a watch, and you had better hand it over to me, or else I will kill you,' and at the same time presented a bright pistol to my head, and in the scramble scratched my face. Somebody came up the street, which must have frightened the negro, for he ran and jumped over the fence. I then went to the porch of the house, grasped and held onto a post, as everything became dark."

From that time on, reason fled, and for twenty long weeks his mind was like a visionary illusion, having no recollection of his past life.

On the following morning, when I called to see the patient, the mother informed me of what the boy had said, and to satisfy myself, I gradually called his attention to it, and had him tell me the story in his own way to the best of his recollection, which he did very quietly, repeating and making the same statement, word for word, which he made to his mother on the previous day.

I sought to find out whether he had fallen, or whether he had been struck by a blow on the head, to which he answered that he had not, or at least he did not remember, but thought not, and there was no indication of anything of the kind other than some deep scratches upon his right cheek, these being still there and showed plainly.

I again examined his head very closely and could not find any contusion or scalp wound; but, upon pressure, especially the left side on top of his head along the line of the convolutions of the longitudinal fissure and left hemisphere, I could observe some tenderness which gave rise to slight pain, and the patient would complain when lying any length of time on that side of his head.

Treatment consisted of careful attention to every detail that would suggest itself in helping to bring about good recovery, not forgetting that it would require patience to do all this. Due attention was paid to diet. Kept the bowels in a soluble condition by the occasional use of saline physic, administering syrup

ipecac and opium (syr. doverii) 2 drachms dispensed in water 4 oz., fl. ext. asclepias tuberosa 30 drops. Dose—two teaspoonfuls every two hours, alternating with either tinct. gelsemium or tinct. nux vomica, as directions would suggest.

The boy kept on improving from day to day. He was allowed to go about among his friends and former associates, although he knew them not. His attention was frequently called to former times and different objects in order to familiarize him anew with things of his childhood days, and thus seek to weave together, as it were, his thoughts and ideas, so that his mind would expand and give new impulse to his mental faculties.

His eyesight was also very much affected. He could not distinguish one letter from another, except it be in large print, and only with great difficulty. Ophthalmoscopic examination of the minutest character did not reveal anything materially wrong. Nothing of a discouraging nature could be found, and this gave a more hopeful assurance of a final recovery.

A continued improvement could be observed, much to the gratification of his parents and friends, himself hardly able to realize what a cloud had hung over him for four long months, as it were, looking through a small lens of a telescope, beholding nothing but a dark spot, hiding, without his knowledge, all nature from his view. Now he pulls out the slides, the lenses expand, his memory and vision reach out, and all that was seemingly lost to him for the time being is restored to him. The overhanging cloud passed about the last day in the month of May. His sight, reason, and all his mental faculties were restored, and he enjoyed good health. Now the true cause of this phenomenal condition may be somewhat presumptive. Suffice to say, at first my thoughts were that it was brought about by a certain amount of fright, or by some coincidence that could not be accounted for, as there was no scalp wound or other show of having sustained injury by violence. Yet, from the nature of the case and observations made, I was led to the conclusion that fright may have been a factor. I am of the opinion that the cause of the phenomena must have been the result of being struck on the head by a fall or blow, perhaps not of sufficient force to inflict a wound or leave a mark, only a tenderness evidenced at a certain portion of

his head, and complaining of some pain indicative of some injury which must have been of sufficient force to disturb the action of the cells that constitute his "mental battery," disturbing its equilibrium.

With considerable apprehension of what the outcome would be—whether or not he would get back memory of the events before the occurrence, the question would naturally arise: will those disturbed cells again settle to their usual and accustomed places, and take up their work as before, and gather up memory's thread?

This, I am pleased to state, terminated quite satisfactorily to all concerned, and he is now in excellent good health, good habits, large for his age, and a promising youth.

In connection with case I will state that of late, about twelve weeks from the time taken ill, I was informed by the boy and his parents that he complained of seminal weakness, especially during night time, something very unusual and annoying to the boy; besides, it gave rise to spinal weakness. Upon inquiry, I could attribute it to no other cause and doubted not but that it was one of the results or a sequence of his condition.

I placed him on the following treatment:

R. Pills of quinine sulph . . . . . gr., 1.
Iron by hyd. . . . . gr., ⅔.
Arsenious acid . . . . . gr., 1-50.
Strychnia . . . . . gr., 1-50.
Ex. gent . . . . . gr., ¼.

Of these I had one pill given three times daily for about three weeks. For the same length of time I gave assafœtida pill, gr., ii., every night at the usual bed-time, and allowed the patient to have but a very light and early supper, no tea nor coffee, daily moderate outdoor exercise, pleasant associates in order to recall and encourage lost memory without causing any embarassment, as the boy would at times become sensitive. A marked improvement soon was noticeable of which he himself became conscious. At the end of three weeks I discontinued the further use of pills at bed-time, but continued the other for several weeks longer, only two pills daily, one morning and night, and I am pleased to state in conclusion that the thread of life is no longer lost; he is quite himself again and in the enjoyment of good health.

I could dwell upon this case more at length, imperfect as the narration may seem, yet I deem it of no less interest, as such cases do not often occur, and it also shows how wonderful nature in her own time will bring about results we find difficult to explain.

NOTE.—In the very interesting discussion of Dr. Wohlgemuth's paper there was elicited a history of five or six cases with similar results. Dr. E. B. Packer, of Kansas, had a case similar in all its manifestations where there was no relief until the skull was trephined, and a large clot of blood removed. The resemblance of this case and that of Dr. Wohlgemuth's was marked. Prof. Whitford related two cases, one of which was trephined with immediate recovery after the removal of an ounce or two of blood. The other slowly recovered without surgical interference. Prof. Currier, of Indiana, related two cases, one of which recovered and the other died, both without operation. Dr. Bronson, of Michigan, saw a similar case with recovery—all from injury of the head.

THE POISONS OF REPTILES.

GEO. T. FULLER, M. D., Lowes, Ky.

The following, so far as known, is a list of the most poisonous species of the orphidian tribe or family, both of the orient and our own continent: The cobra, of India; the Egyptian viper; the asp, of Cleopatra; the banana snake, of Indo-China; the tiger snake and black snake, of Australia; the European viper; the horned viper, of the Soudan; the Gabon viper and adder, of North Africa; on our own continent the rattlesnake is king, followed in the order named by the copper-head, the coral snake (or harlequin) found along the southern coast of Georgia, Florida and Alabama, the cotton-mouth and water-moccasin.

The cobra heading the list, is the most poisonous serpent known. Twenty thousand people perish annually in India, from the effects of its deadly venom. It was an accepted theory for a long while, that snake poison contained an animal alkaloid, which was the specific virulent essence in the death-dealing substance. But later and more scientific analysis has proved the theory incorrect, and developed the fact that it was an albuminoid. Examination by means of the microscope revealed the fact that snake poison was literally alive, and swarming with

bacteria, and to them was charged all the ill effects of the poison. But it was soon proven that they were innocuous and foreign to the poison itself, and belonged only to the non-poisonous saliva.

There are two albuminoids, and the saliva, that constitute the substance ejected by a serpent when it strikes or bites. One of the albuminoids like the saliva is non-poisonous, and can be coagulated by moderate heat. The other or poisonous albuminoid is persistently fluid under a temperature of 200° F., and is the active or death-producing principle. Under this heat it will evaporate, but looses none of its toxic properties. It is non-poisonous, however, when taken internally or when applied to the mucous membranes of the body.

It is a very curious scientific fact that two substances so dissimilar in their effects on man, as snake poison and albumen, should be so nearly identical in chemical composition.

The following comparative analysis, taken from a report of Dr. Callmette, of Paris, France, will serve to show their close identity in that respect:

Snake Poison.	Parts.	Albumen (white of egg).	Parts.
Oxygen	21.33	Oxygen	21 to 23
Hydrogen	7.03	Hydrogen	7
Nitrogen	18 2	Nitrogen	15 to 17
Carbon	51.	Carbon	51 to 54
Sulphur	1 to 2	Sulphur	2 to 3

One is repulsive and poisonous, the other tempting and nutritious.

The first analysis of snake poison attempted was by Prince Lucien Bonaparte, in 1843. He succeeded in isolating the active principle from the poison of the viper, which he denominated "viperine." A similar principle has been separated from the poison of the rattlesnake within the last few years by Dr. Weir Mitchell, of Philadelphia, and is called by him "crotoline." This albuminoid when exposed for a long time in an open vessel to the air, or to a gentle heat for a short while, is reduced to a thick gummy substance that retains for a long while all of its former toxic properties in a highly concentrated form.

Persons have been known to become infected by accidently wounding themselves with the fangs of a rattler that had been

exposed to the elements on the prairies, for months after the death of the reptile. Learning as we have that the poison of each species yields practically the same results upon chemical analysis, it is reasonable to infer that the virulency of one species over another is a difference in degree, rather than a difference in the poisonous essence *per se.*

It is a well attested fact that the venom of the young rattler is not nearly so threatening in its effects on man, as that of a full grown serpent of the same species. Now if the poison of all serpents is the same, differing only in strength, then it would necessarily follow that the pathology would be the same, differing only in degree, that being determined by the kind of reptile inflicting the bite and the resistive forces of the person wounded, and if an antidote be discovered that will successfully neutralize the effects of the venom of one poisonous member of the ophidian family, we will have a reliable antidote for the poison of every species, by increasing or diminishing the remedy, owing to the amount or virulency of the venom injected and the strength or weakness of the resistive forces of the one bitten.

It is an attested fact that a serpent is proof against its own poison, or that of another serpent of the same species, and also against serpents that are less poisonous themselves, while they will quickly succumb to one that is more poisonous. For instance, the rattlesnake would come off without injury from a bite from a water-moccasin, while the water-moccasin (being less poisonous) would die from the bite of the rattlesnake. This fact suggested the idea of trying to render the system of man immune to snake poison by a series of inoculations with a serum from the poison of the cobra and rattler.

A series of experiments are being made at the Pasteur Institute, Paris, on the lower animals. The methods are similar to those of Pasteur for hydrophobia, and it is claimed with eminent success. An exhaustive report of the methods, results, etc., from the able pen of the distinguished ophidian expert, Dr. Leonhard Stegneger, can be found in a paper in the annual report published by the National Museum.

Examinations with the microscope of animals infected with snake poison reveals the fact that the blood undergoes a peculiar

coagulation, losing its fluidity. The corpuscles lose their shape and become agglomerated, thus retarding the circulation and rendering it unfit and incapable of successfully performing its work. This condition occurs first in the immediate vicinity of the part infected and extends more or less rapidly and completely over the entire system. The resistive forces of the system being wrought up to dispute the invasion of the venom results in the tremors and spasms, so conspicuous and universally present in persons affected. As the resistive forces become exhausted, the venom advances more rapidly toward the life centers, coagulating the fluids in its deadly march until finally paralysis of the circulatory and respiratory centers supervene, with great difficulty of breathing, and death results in from two to twenty hours from the time the poison was injected, depending on the quantity or quality of the venom and the resistive powers of the constitution.

For thousands of years the antidote has been diligently sought. Scores of so-called infallible cures have been tried and found wanting. Prominent among the many I will mention the following. The mad-stone, scutellaria, echinacea, iodine, permanganate of potash, suction, quick amputation of the part bitten, cauterization with actual cautery, ammonia, brandy, whisky. The three latter agents are of some service. They do not, as was supposed, neutralize the poison, but by their stimulating properties aid the system in retarding the advance of the poison, and assist in tiding it over the crisis. Dr. Weir Mitchell is authority for a late remedy that promises more than anything yet offered on this (the stimulating) line of treatment, claiming seventy-five per cent. of cures from its use. The remedy is strychnia exhibited by subcutaneous injection up to the point of producing muscular twitching. The patient is to be kept under the influence of the drug, to the point of extreme toleration short of spasms, from twelve to twenty hours, when the crisis will have been passed.

But by far the promising remedy yet introduced, judging from the report of its effects so far, is one by Dr. Callmette, of Paris, France. He has found by experiment, on rabbits and guinea pigs, that he could introduce into their circulation ten times the

amount of poison that it would take to cause death in two hours; that if they were treated with the remedy within forty minutes after inoculation they recovered promptly and perfectly.

The remedy is chemically pure chloride of lime (it is best to keep it in hermetically sealed vials until needed for use). Prepare it for use by dissolving one part by weight of the chloride in eleven parts of boiling water. The solution should not be made until about to be used. This should be injected subcutaneously all about the wound and under the skin of the abdomen, that it may enter the circulation as quickly as possible. It has the property of preventing the coagulation of the blood by neutralizing the poison by a chemical process not yet very well understood.

LOCOMOTOR ATAXIA.

C. E. Cole, M. D., Prairie Du Chien, Wis.

About three months ago I was called to attend a German farmer, 64 years of age, who had taken a severe cold and was suffering with what he supposed to be an attack of la grippe. For about six months previous to his illness, he had at different times experienced lightning-like pains shooting through the body, especially in the lower limbs, which he attributed to rheumatism. The temperature was normal; pulse 95, full and compressible; tongue covered with heavy white coating and yellow in center. The bowels were constipated and appeared to be bloated; kidneys acting poorly, urine very high colored and scanty; patient could not find a comfortable position, he would sit down, then stand upon his feet, then try to walk. Sitting in a chair was the most comfortable but he was not at ease in any position. On trying to walk, he was suddenly seized with spasmodic contractions of the muscles causing his lower limbs to become rigid and the knee joints immovable. The muscles of the diaphragm and thorax were also somewhat affected, and the lightning pains would dart through the entire body. On careful examination I discovered a very tender place in the spinal column, situated over the twelfth dorsal and first

lumbar vertebræ. Patient had good use of his arms but no control over the action of his body below the affected portion of the spinal column. There were present in this case the characteristic pains, absence of the patellar reflex on the two sides, and reflex immobility of the pupils, making the diagnosis of locomotor ataxia quite certain. The terrible muscular contractions and lightning pains would return on every movement of the body, and it was impossible for the patient to walk without assistance. When the tension was off, the knees would bend, but when on, I believe that the limbs would have broken sooner than bend at the joints. Patient had never been sick previous to this attack; he is a man of good moral habits, and there is no syphilis or other hereditary disease in his family history. Having diagnosed the case as one of locomotor ataxia, I called Dr. H—, an old school physician in counsel, who agreed with me as to diagnosis, but gave an unfavorable prognosis.

The patient, a German farmer, had long worked beyond his strength, was a very hearty eater and paid but little attention to the condition of his bowels and kidneys. He was not careful in making changes in his clothing and often took cold when it was not necessary. On this occasion he had been working in the field, was perspiring freely, and removed his coat and vest; then sat down upon the ground and ate his dinner without putting on either of them. The acute symptoms of his trouble were no doubt the result of overwork and congestion of a portion of the spinal cord from taking a severe cold.

In the treatment of this case I prescribed according to the indications present. After the first week he had some fever, but never more than 2½ degrees. For the lightning pains I gave antikamnia and sodium salicylate, combined in 8-grain doses, every three hours when needed; controlled muscular contractions with chloral hydrate, passiflora, and specific lobelia and gelsemium. I also gave specific cimicifuga, belladonna, bryonia and nux vomica when indicated. Kept the spine irritated with irritating plaster, relieved the kidneys with citrate of potassa and spts. nitrous æth., unloaded the bowels and portal circulation with the indicated cathartics, and when convalesence appeared,

I prescribed as a tonic the elix. calisaya fer. et strychnia. This man has made an excellent recovery, and only a little stiffness remains to remind him of the terrible ordeal through which he has so successfully passed. The muscular contractions and lightning pains in this case continued for about four weeks, but gradually grew less severe and at longer intervals after the third week, until they passed off entirely. Now, after three months, my patient is able to walk about without difficulty and perform light work; he is gradually gaining strength and flesh, his appetite is good, and he rests well at night. In fact, he looks and feels well.

In conclusion, I believe that all cases of this kind should be treated according to the indications as far as possible—that strict attention should always be given to the condition of the bowels, liver and kidneys; then we may have reason to expect some permanent cures of this almost incurable malady. No person who saw this patient during his illness ever expected to see him walk again; but a hard fight, dealt upon symptoms and conditions with reliable specific remedies, has to the satisfaction of all concerned restored him to health and friends once more.

SECTION I.

JUNE 20, 1895.

Microscopy, Uronology, Chemistry, and Toxicology. Chairman, WARREN L. MARKS, M. D.; Vice-Chairman, J. D. Crum, M. D.; Secretary, Martin N. Barber, M. D.

Dr. Marks called the Section to order, and Dr. E. E. Bronson, of Michigan, was appointed Secretary.

PAPERS PRESENTED.

ALBUMINURIA AND BRIGHT'S DISEASE.

BY EDGAR COLE, M. D., Holmesville, O.

To avoid making this paper too long, only a short space will be given to symptoms and pathology. The points wished to be emphasized are:

1. That albuminuria does not of itself always indicate Bright's disease.

2. That Bright's disease may exist without albuminuria.

3. That albumen will be readily diagnosed by tests, but that test tube examination alone is inadequate to distinguish between the albuminuria of Bright's disease and that originating from other causes.

4. That the microscope is an essential factor in the diagnosis of either acute or chronic renal disease.

5. That the occasional presence of a few hyaline casts is no cause for great alarm, even if accompanied by slight albuminuria. It is their character and constant presence, together with accompanying dropsy, from which the conclusions must be drawn.

Albumen may occur, in small quantity, in the urine without any symptom whatever; but, if it continues long, it leads to anemia and changes in the circulation, which usually originate the following symptoms: a pallid, pasty complexion; dry skin

and tendency to edema of the cellular tissue noticeable on the eyelids and ankles; derangement of digestion, flatulence, occasional nausea, and irregularity of the bowels; nervous disorders shown by muscular weakness, languor, and headache; calls to urinate during the night; palpitation and, frequently, accentuation of the second sound of the heart over the aortic region; and reduplication of the first sound over the septum ventriculorum.

Several authors have pointed out that uremia may exist without albumen being present in the urine; consequently, every case of albuminuria is not to be considered as one of Bright's disease. Albumen is found in the urine of patients suffering from several acute, as well as chronic, diseases. Albuminuria may occur at any period of life. This affection occurs oftener in females than in males. Bright's disease, *vice versa.*

Prognosis is generally favorable under judicious treatment.

Treatment.—This consists in antiphlogistics, and washing away the debris in kidneys and bowels with the following Seidlitz salts:

℞.	Magnesia sulph. pu.	gr. 30.
	Soda bi-carb.	gr. 10.
	Pure cane or loaf sugar	gr. 10.
	Tartaric acid	gr. 5.
	Citric acid	gr. 5.

M. Dose, ʒi to ʒii in half glass of water every 4 hours until a generous action of bowels results; then every morning before breakfast. In the treatment of diseases, it is an important thing to empty the bowels and kidneys. Patients improve much more rapidly if bowels move every day.

More rigid treatment must be carried out in Bright's disease than albuminuria. Worms quite often cause albuminuria in children. In these cases, give santonine and calomel. Albuminuria, with small and sharp pulse, retention of urine, with stitches in kidney, give aconite. For albuminuria with dilated pupils, frequent desire to urinate, give belladonna. For albuminuria without a disposition to sleep and hematuria, a stimulant to nerve centers, ergot. For albuminuria with bright, red eyes, pupils contracted, scanty urine, frequent

desire to micturate, give gelsemium. For albuminuria with full, hard pulse, to relieve kidneys, for uremic symptoms or excessive dropsy, contra-indicated in weak hearts, give jaborandi and pilocarpin. For albuminuria with rapid, fluttering pulse, stitches in kidneys, dark urine, dull pain in bladder, lachesis. For albuminuria with frequent but scanty urine, with full and bounding pulse, give veratrum. For albuminuria with feeble, labored pulse, pulse hard and firm with arteries small and narrow, give nitro-glycerine. This remedy overcomes the capillary constriction, gives a better circulation through the peripheral vessels, and restores the circulation within the kidneys to the normal state. For albuminuria with feeble pulse, scanty secretions of urine, dropsy, heart feebleness, give digitalis. For albuminuria in epilepsy, syphilis, cholera, give gold bromide or chloride of gold. For albuminuria with dropsy, to relieve kidneys and for free purgation, give elaterin. For tonics, give strychnine, quinine arseniate, phosphorus, iodide of iron, arsenious acid, iron, quassia, elixir iron, arsenic strychnine, etc. Further than this, the successful treatment of albuminuria is the same as for Bright's disease. Remember that the sunlight is certainly the most effective healing agent in the world. It will change the constituents of the blood, hasten the circulatory and eliminative processes, and promote secretion. The long sunny days of summer are better than medicine in both this and Bright's disease.

Bright's disease indicates at least three different diseases of the kidneys. (1) The inflammatory affection, affecting the tubules or stroma, or both; (2) the waxy or amyloid affection, originating in the vessels; and (3) the cirrhotic or gouty affection, originating in the fibrous stroma.

Diagnosis.—By chemical tests of urine and microscopic examinations. On testing the urine chemically, it is found to be albuminous; and on examining it microscopically it shows various casts with epithelia cells, blood corpuscles and other morbid products, exudative casts of the uriniferous tubes, desquamative casts, epithelial matter and free nuclei of the tubes, waxy casts, tube casts, etc. Bright's disease differs from affections in a passive congestion of the kidneys due to cardiac disease. These maladies are distinguished by the general condition of the patient,

the absence of cardiac disease, and congestion in other organs, and the character of the urine. In heart affections the urine is generally scanty, high-colored, and not of low specific gravity. It may contain albumen or tube casts. Hyaline casts may be present, but never in any large quantity. The presence of epithelial and fatty casts, or marked diminution of the amount of urea in any case, proves at least the actual co-existence of actual inflammation of the kidneys, from paroxysmal hematuria and albuminuria. Bright's disease is distinguished by the abrupt commencement and brief duration of these maladies, by the marked nervous symptoms, slight jaundice, and absence of dropsy. In hematuria, also, the condition of the urine is very distinctive. The dark, red color being due not to blood corpuscles, but to granular pigment, the deposit consisting mostly of this material and of hyaline casts. In paroxysmal albuminuria again the amount of albumen is very large and the number of tube casts extraordinary. Hematuria with tendency to suppression of urine is distinguished from Bright's disease by the small proportion of epithelial tube casts, and in some cases by the complete absence of casts. There may be a question whether the case is one of hematuria or of commencing inflammatory Bright's disease; or again whether it is one of a chronic affection, cirrhotic or cystic in which hemorrhage has come on. The cases in which Bright's disease simulates hematuria are generally the sequelæ of scarlatina or diphtheria; and, therefore, even when these diseases have been overlooked, the presence of desquamation or of paralysis may afford a clue; but the peculiar reddish, brown-colored deposit, rich in cells and in epithelial tube casts which occurs in Bright's disease makes the case clearer, even when, as often happens, there is no dropsy, or when, as we sometimes see, the albumen is not coagulated by heat or by nitric acid. Again, when the question is between simple hematuria with cirrhosis or cystic disease, the evidence afforded by the tube casts is not important, but the hypertrophy of the heart, thickening of the arteries the character of the pulse, the albuminuria retinitis, the low specific gravity of the urine, and the small amount of urine which it contains, as well as the tendency to hemorrhage from other sources, afford evidence of the presence

of the chronic organic disease. Slight pyelitis with or without renal calculus or gravel may simulate Bright's disease, but the history of pain, the presence of mucus and pus corpuscles in the urine, of oxalate of lime or uric acid with the full proportion of urea, aud the absence of tube casts, indicate the nature of the case. Bright's disease is now universally recognized as generic.

Prognosis.—In the first stage under specific treatment, favorable. When the disease reaches the second stage, the prognosis is more grave, complete recovery being rare. But still it may be brought about. In many cases the patient goes on for long periods, presenting few symptoms to attract attention. In the third stage the prognosis is entirely unfavorable, death occurring either from the direct effects of the disease, or from complications. Still even such cases often go on for a period of time, if placed under favorable hygienic and therapeutic conditions.

Treatment.—"Less of theory, more of practice," such is the real need of the physician. We must keep patient in bed in order to maintain warmth and rest. Flannel clothing is an almost indispensable pre-requisite in the treatment. Alcoholic stimulants should not be given. Dry cupping, applications of hot fomentations, poultices and counter irritants are helpful in the more chronic conditions. Iodine and croton oil inunction to be applied over kidneys are the best. In all cases the greatest possible attention should be paid to diet. Good broiled chopped lean beef, free from fat, and connective tissue may be used. Mould it into cakes. Broil over bed of live coals, or oil and gas may be used. Cook done. Serve with pepper, salt or lime juice. In some cases, butter, fish and milk may be used as diet. Drink clear tea or coffee at meals. Drink one pint of spring or well water one hour before or after a meal. It should first be boiled, when it may be used either warm or cold. Drink slowly. The amount of water may be increased or diminished as the urinometer indicates. The urine must be at 1015 to 1020 specific gravity, free from odor, phosphates, bile or deposits and tube casts. Drink plenty of buttermilk.

It is usually after a sudden suppression of cutaneous action that renal irritation declares itself. Uremia being present the ammoniacal principles are no longer eliminated. So we must

re-establish functional equilibrium by means which will also re-invigorate the skin and reduce the fever. Keep the intestinal tract free by the daily use of seidlitz salts, before breakfast. To relieve congestion in kidneys give specific aconite, veratrum and digitalis, aa. M., dose 1 to 5 drops in a swallow of water every one to four hours as case demands.

The removal of the inflammatory products which block up the uriniferous tubules in the great majority of cases, is best effected by means of diuretics. The best is Nature's good, pure water as spoken of above. When the lower portion of the urinary tract is effected, enemas of hot water should be used. Always use medicines that can be depended on; no inert medicines. Tin. triticum repens relieves irritation of urinary organs. Digitalis should also be given all through the disease, especially in dropsical effusions. Caffeine should be used if digitalis fails, or they may be combined. Constipation should be avoided by using the seidlitz salts, or elaterium, bryonia, senna, aloin, podophyllin, leptandrin and jalap.

For the action of the skin, jaborandi is a diaphoretic, diuretic and sialagogue. In Bright's disease, albuminuria and dropsy it is efficient. Use the specific tincture, dose 30 to 60 drops every four hours. If stomach refuses to keep it, inject it into the bowels. Or, give pilocapine 1-10 to ½ grain, hypodermically, especially in uremic poison. Gold chloride and sodium and bromide of gold in small doses is good. Nitro-glycerine is indicated in all cases of Bright's disease for feeble heart. It restores circulation within the kidneys. It should enter into all tonics. For tonics give arsenic, strychnia, and iron, throughout. Or give quinine, quinine arseniate, elix. hypophosphites, elix. calisaya, iron and strychnia, anodynes, codein, acetate morphine, hyoscyamine, opium, bromide potassa, chloral hydrate or chloroform. The physician had better have one medicine for ten diseases than ten medicines for one disease.

The things sought in the treatment are first, to relieve the kidneys of all extra work, second, to favor the action of the skin and bowels. This is to prevent dropsy and uremic poisoning by getting rid of waste products in the blood.

Sustain the action of the heart, and keep the skin in condition to perform double duty. The anemia in this trouble is always a prominent symptom and calls for special treatment.

For baths, take an ammonia sponge bath by using two drams to the quart of water, night and morning; nitric acid bath in the same proportion; or aromatic sulphuric acid baths as above. In night sweats, if acid baths do not check it, use the following:

℞ Pulverized alum . . . . . ʒii.
Alcohol . . . . . ℥i.
Sage tea . . . . . qt. i

Mix. Use as above. Or,

℞ Aromatia sulphuric acid . . . . . ʒi.
Quinine . . . . . ʒi.
Water . . . . . qt. i.

Use as a sponge bath night and morning.

For an ointment, iodine, croton oil aa. scruple 1, petroleum 1 ounce. Mix. Apply over kidneys. In uremic poison give jaborandi, specific. tinc. 30 to 60 drops every four hours, or pilocarpine hypodermically, or nitro-glycerine 1-100 gr. every four hours. Use this with caution in pregnancy unless it is necessary to produce abortion. Give gold bromide 1-100 gr. to 1-50 every four hours in radical treatment. Alternate these remedies if thought proper. For Bright's disease in complications of rheumatism or syphilis, iodide of potassa helps the gold. Give digitalis as long as heart is affected and dropsy present, in alternation with the above remedies.

Give nitro-glycerine with any tonic you give. Following is a sample of such.

℞ Quinine . . . . . .
Iron sulphate . . . . . aa. 1 gr.
Arsenious acid . . . . . 1-50 gr.
Nitro glycerine . . . . . 1-100 gr.

M. 1 pill. Dose, pill every four hours as indicated.

This pill is one of the best and most powerful tonic combinations we possess. In this disease, the remedies rank as follows: (1) nitro-glycerine, (2) jaborandi, (3) gold bromide, and (4) digitalis.

Miscellaneous Papers.

THE "STANDARD" AND OTHER DICTIONARY DEFINITIONS OF ECLECTIC MEDICINE.

By W. E. Bloyer, M. D., Cincinnati, Ohio.

For a number of years I have closely scanned the pages of every new dictionary, and especially that part of it in which the definition of "eclectic medicine" was given. Never yet has any dictionary or encyclopedia failed to place the eclectic school of medicine *incorrectly* before the people. In more instances than one, sore injustice has been done.

In the new Webster, we find under the term "*eclectic physician*"—"One of a class of practitioners of medicine who select their modes of practice and methods from all schools; formerly, sometimes the same as botanic physicians." Now, I would ask you, my eclectic brother, does this definition, one of the latest published, truly represent us, and give our place in medicine?

From the drugs of what schools of medicine do you select your remedies? Upon whose medicines and methods do you principally rely? In this definition you are represented as a hanger-on, who really has no right to independent existence—a parasite living upon the good things which rightfully belong to another. Are you guilty now? If not now, when was it ever true that the eclectic school of medicine was a pilferer, existing only by choosing from the best of all other schools?

Have we not always had a distinctive practice? Have we not given to other schools more than we received? Are not eclectic remedies now being used extensively by other schools of medicine, and have they not an enviable reputation in Europe as well as in America? Ours certainly has been an independent, successful school of medicine since I have known it. Nor was there *ever* a time in its history when the terms "eclectic physi-

cian" and "botanic physician" were synonymous. True, we use many remedies of botanic origin, but we *do not* use them as do the exclusively botanic practitioners.

In the new Century Dictionary we find eclectic medicine defined as "A medical theory and practice based upon selection of what is esteemed best in all systems; specifically the medical system of a separately organized school of physicians in the United States, who make much use of what they regard as specific remedies, largely or chiefly botanical."

Does this dictionary, which is truly American in its make-up, and encyclopedic in its nature, and which costs nearly one hundred dollars, do us, as a school, justice? Does it place you and me in our relations to medicine in a proper light? Would you not think that an American publication like the Century would be just enough to place the *only* American school of medicine in a truthful way before the people?

Has it made the proper distinction for us? What school of medicine does not use "what they regard as specific remedies, largely or chiefly botanical?" This definition however, does us greater justice than the others, in that it credits us with the principles of specific medication.

Last, but not least, comes the standard dictionary, heralded by the statement that it cost more than a million of dollars, that hundreds of editors, including the best talent of the country, and among them *eclectic* authorities, had been for several years engaged in its preparation. We were led to expect much, and to hope that the eclectic school of medicine would now for the first time be placed before the people as it really should be. Our expectations were naturally at a high pitch until the book came, and then we find as follows:

Eclectic Medicine.—Any remedial system composed of selected parts of all systems, specifically a school of medicine in the United States, the followers of which principally employ indigenous vegetable remedies, and aim to conserve the vital energy of the patient. They generally discard venesection and poisonous mineral remedies, and many of them in later years have embraced the German dogma of specific medication."

Again we are disappointed and our hopes blasted, and eclectic medicine is still undefined as far as our great American diction-

aries are concerned. Look for a moment, my brother eclectics! Is eclectic medicine a "remedial system composed of selected parts of all systems? Will we never be divorced from this falsest of all statements? Again, "specifically, a school of medicine in the United States, the followers of which principally employ indigenous vegetable remedies, and aim to conserve the vital energy of the patient."

My eclectic friend, you who have kept pace with your school of medicine, does this apply to you? Is it a fact that your distinctiveness as a practitioner of medicine is based upon your prescribing "indigenous vegetable remedies"? Is that a distinction between you and your neighbor? Compare your lists of remedial agents. Do not all of them contain "indigenous vegetable remedies"? Will not this everlasting claim of distinction, *where there is none*, make *quacks* of us all? Go a step further; these eclectic practitioners of medicine, according to our Standard Dictionary definition, "aim to conserve the vital energy of the patient. They generally discard venesection and poisonous mineral remedies."

Now doctor, to how much greater extent do you "aim to conserve the vital energy of your patient," than does the rankest old school man that lives and practices to-day? Does he generally practice venesection? Do not *all* physicians "aim to conserve the vital energy of the patient?" Does not the implication that this is a distinctive feature of the eclectic practice of medicine, and of no other, place us in a false light? It makes us, in this sense, pretend that we are something, or do something that others are not, or do not do. *This is false. We are not frauds.*

As to the use of poisonous mineral remedies: Do you avoid any remedy because it is poisonous, or because it is a mineral? Show me the physician in our school who does, and you will find that he is a theorist, and without a practice, and who has no claim to recognition by physicians of any school. It always seems to me that this Standard Dictionary definition was written by a politician, who knew only what our antagonists say about us, and who is desirous of helping our competitors.

And lastly, this great book says, "and many of them in later years, have embraced the German dogma of specific medication."

Now, doctor, what do you think of this assertion? Does it not carry with it, when brought particularly to your notice, some sort of a sting? Don't you read in it the expression of more or less animus? Candidly, do you think those words were written because their author wished to convey the true definition of eclectic medicine?

My modern eclectic brother, what do you know of the German dogma of specific medication? Have you heard much of it before this? Do you know how and where and when our German brethren used the same materia medica that you now use, so gracefully and so successfully? Can the author of this quoted sentence point to any German work that carries our remedies or our practice? Has he not gone out of his way to disparage, if not insult, thousands of successful eclectic physicians who have a *real* practice based on specific medication?

Taken, all in all, do not you think this Standard Dictionary definition of eclectic medicine applies exactly to a few who still hang to the skirts of modern eclectic medicine? Are such men, as this Standard Dictionary defines *the* eclectics, measured by the eclecticism of to-day? Could they be in touch or in sympathy with modern eclecticism as taught in our colleges and text-books?

Will you, as eclectics, have the definition of the "faith that is within you" based upon your text-books, your college teachings, your practice—*what you are* as living men, or will you have it based upon the hatred of things modern? The envy of one left behind and not in touch with the living issues of his school, and ignorant of the eclecticism of to-day, seems to have inspired the Standard Dictionary in its definition of eclectic medicine.

Do the members of this National Association consider this Standard Dictionary definition of eclectic medicine creditable? Is it not a fact that not only the eclectic school of medicine, and we, as its disciples, but the magnificent work itself—so complete in other respects, have mutually a cause to lament, that this definition is such as to offend thousands of active earnest practitioners of medicine? Let us hope for a true, honest and unprejudiced definition of eclecticism in the next dictionary that appears.

WHAT IS ECLECTICISM?

By W. N. MUNDY, M. D., Cincinnati, Ohio.

The above title is an old question, often asked and as often answered. But, with all that, it is to us an important question, and one as well, to which a satisfactory answer should be given. The answers are many, and some are so indefinite it would be difficult to elucidate to the uninitiated the fundamental principles of eclecticism.

Our astute secretary says it is the "American system of practice, indigenous to our soil. That we choose the best, and that our motto, '*Vires Vitales Sustinete*,' is our platform."

The above definition is good, so far as it goes; but does the above constitute a sufficient reason for our existence as a special or separate school of medicine? It is true that when Beach, Morrow and King alienated themselves from the dominant school and its practices, there was good and ample reason for such an alienation, and being all Americans, the revolt occurred in this country. So did the Reformation against the practices of the church occur in Germany; but we do not speak of it as the German church. Its influences and powers have been so far-reaching as to embrace the entire civilized world, and so have the reforms in medicine been of sufficient power to cause an entire change in the therapeutic resources of the medical world.

Show me, if you please, an intelligent physician who does not choose the best from all sources, and I will show you a medical nondescript, a medical bigot whose resources are as limited as his brains.

So far as our motto is concerned, all schools, all physicians (and we use this latter word in its broadest sense), attempt to fulfill its dictum. Read, if you please, the best journals of the allopathic school, some of their best literature, and compare it with that used in the days of Beach, Morrow and King. Rapid changes and advances in therapeutical resources can be seen on every page.

Now, then, take this same literature and carefully compare it to-day with some of our own, as we find it in our journals and TRANSACTIONS, and, if we hide the name of the writer, we defy

you to tell which is the Eclectic and which the Regular. We speak advisedly, for the matter is one that has seriously engaged our mind for several years. In fact, gentlemen, our literature shows that many of our writers are as regular as the most regular of regulars.

But, you say, these do not represent true eclecticism, and we reply, these same writers stand high in the councils of our school and are brought forward as our leaders and, by some, as representative eclectics. The truth is, gentlemen, that while "*Vires Vitales Sustinete*" will do as our motto and should be preserved for the good it has accomplished under the generalship of our forefathers who bore the brunt of the battle, to-day it does not and can not stand unchallenged as the distinctive, fundamental principle of electicism.

We are told that, as a school, we have a predilection for the vegetable kingdom. The claim does not hold good; again we refer you to the literature of the three schools. Read, gentlemen, *Hale's New Remedies*, *Ringer's Materia Medica*, *Barthalow's Materia Medica*, new edition, and compare them with our own, and they bear a favorable comparison. Read the current literature, and it bears also a favorable comparison. The ground is untenable, unstable, slippery. It might have been stable fifty, seventy-five years ago, but it is not so now.

These remedies, which we once prided ourselves as being peculiar to the eclectic school, are to-day used—possibly some one will say stolen, bag and baggage—by the old school; for instance, apocynum, rhus tox, gelsemium, and even old black cohosh. But, be that as it may, the argument still holds good, that we can no longer hold to the claim of adhering to vegetable remedies, as a distinctive feature. We have gone as far on one side of the fence as they on the other. In fact, in this sense, we stand on common ground. If these be not the fundamental principles of eclecticism, what, then, is it? We answer: Direct or specific medication. We care not what you call it, the underlying principle is the same, and constitutes the basis of modern electicism to-day, as it is understood by the masses of eclectic physicians.

That such is the fact, we shall attempt to prove from the public utterances of many of our most prominent writers from the

North, East, South and West. One editorial to the point has just appeared in the May issue of the *Chicago Times*, entitled, "Don't Mistake the Principle." We quote from it thus. "There is not a perfect unanimity of feeling among the members of our school as to the principle upon which the school is founded. While others are rapidly coming to us, some who call themselves of us, are really taking a step backward. If we would closely observe what those who come over into our ranks are enthusiastic about, we would be enabled to determine wherein our methods are valuable and peculiar, if we had previous doubts. That which strikes them as essentially superior is the directness of the action of our remedies, the selective action of each agent for distinct conditions, and its invariable influence upon that condition."

This takes us directly to the issue. It is the selective action of each agent for distinct condition, and its invariable influence upon that condition, as taught by direct or specific medication that constitutes our fundamental principles.

The abuses and practices which called forth the denunciations of the pioneer eclectics of fifty and sixty years ago, and which led to the organization of the Eclectic School, do not exist to-day, except in the memories of those who were witnesses of them. If this be not the underlying principle of eclecticism, we fail to understand it as it is taught and practiced to-day. Let us quote from the same issue of the *Chicago Times:* "A positively and correct and specific diagnosis, a perfect knowledge of the selective action of drugs, and a direct application of the specific remedy to the single disease conditions, these constitute the correct principle of the best therapeutic methods known in the world to-day."

This is what the editor of the *Times* considers to be the underlying principle of eclecticism, and he but echoes the views of thousands of eclectics, extending from the North to the South, from the East to the West. If this be not true, then we must acknowledge eclecticism to be but the purest empiricism, lacking a single reason for existence as a distinct school. But, we claim, it is true, it is as distinctive a feature as is the law of similars to our fellow-workers, the homeopaths.

Let us review a little of our own literature as published in the records of this Association, and thus we shall be enabled to see

how others view it. In the volume for 1887-8, Dr. T. J. Batchhelder, of Maine, says: "The eclectic physician does not patronize the circumlocution office, having been taught the superiority of straight lines of thought and direct modes of action—*specific medication* for *abnormal physical* conditions. Not that the specific is at present known, for each and all the multitudinous conditions, termed pathological, but the trend is in that direction."

In the same volume from the pen of the veteran, Dr. Munn, of Connecticut, we glean the following: "The combined labors and observations of John King, I. G. Jones, Scudder and others, have given a new and more perfect form to the methods laid down by Dr. Beach. His immortal junction to 'use medicine of the most simple kind' has been elaborated into a doctrine of specific medication, which the indomitable energy and persistency of Prof. Scudder and others have pushed successfully to the front as a part of our American eclectic practice. It is a distinct feature of the modern eclecticism, that it comes from the fathers and is inspired by the same spirit and purpose that directed their action."

These are strong words, and we must reflect they come from the pen of one who has seen much of the development of eclectic school. Prof. Jay, in his annual address in 1889, says: "The doctrine of contraries and similars have each had their day and their advocates. Many truths may appear in either or both these theories, yet neither is universal in its application. It is to the principles and doctrines of *specific medication*, that we must look for a solution of this question. The general idea of specifics in medicine, therefore, is not new or recent. But the universal application of the doctrine is eclectic, and it is to-day the distinctive doctrine and keynote of eclectic practice."

In the same volume, Dr. Munn, from whom we have previously quoted, says: "Any medication other than specific is medication at random, and is unworthy the name either of science or of art." Dr. Gemmill, of Ohio, the following year, said: "It (specific medication) is certainly one of the most prominent features of our mode of practice." Dr. Geo. Covert, of Wisconsin, in his annual address in 1891, says: "Nevertheless, in the respect accorded to science, and in the desire for effective reme-

dies, lies the indication of the way along which future progress is coming. Reduced to medical phraseology, it is direct medication for positive conditions.

"No school has had such a *definite* aim to treat positive pathological condition by means of direct medication as our independent school of practice, and no man in the school has done more to elucidate the principle of *direct or specific medication* than Prof. John M. Scudder."

From the extreme West come the words of that stalwart eclectic, Dr. John Fearn, of California. In 1891, he said: "For long years the ablest men in the profession have formulated the notion of uncertainty in medicine. Men to-day talk about the law of physics, and the laws of chemistry; but when medicine is named, they declare that there is no law known. We are ready to grant that this has been too much the case. Speaking, however, for the Eclectic School, it can be truly said, that the old orthodox dogma of uncertainty and conjecture is becoming abandoned. We are steadily advancing toward certainty in medicine. We do not boast that we have yet reached that point where we can say to disease and death in every case, 'Thus far shalt thou go, and no further.' But we have been able for some time to say of certain definite pathological states and diseased conditions, that we have remedies that will meet and remove those conditions as certainly as water in sufficient quantities will quench fire. Specific medication, so far as I have learned it, is certainty in medicine." Again he says: "In practical therapeutics there is law, and experience proves that in the eclectic practice, there is a certainty that the old school never dream of in their palmiest days. Thousands of men who have graduated in eclectic schools are proving every day in the sick rooms of this land, that there are definite abnormal conditions, which are met and *vanquished* by our *remedies* just as *certainly* as *bread satisfies hunger* or *water quenches thirst.* True it is that eclectics have no specific remedies for specific diseases, but they have *specific remedies* for *certain* conditions of *disease.* You may call this practice specific medication, direct medication, or anything you like; we know it is a success."

Dr. H. T. Webster, of California, of 1892–3, says: "Direct medication as a term, comprehends the administration of reme-

dies for immediate and positive restorative effect upon conditions of disease through direct action on parts involved. It is peculiarly eclectic."

In far away Texas, Dr. Shaw says: "Small doses of pleasant medicines for direct effect have replaced the emetic and emeto-cathartics formerly so much in vogue."

In 1893, Dr. Covert said: "Use medicine of the most simple kind," is being worked out scientifically in "specific medication."

At the Congress of Eclectic Physicians and Surgeons, Dr. Felter, who voiced the views of his friend, Prof. King, expressed himself in these plain terms: "The characteristic feature of the Eclectic School of Medicine *to-day* is the doctrine of specific medication. It is to this doctrine that the eclectic system owes its present existence."

In the Annual, of 1893, a book, by the way, which should be in the library of every eclectic, Dr. Carriker, of Nebraska, says: "No man can desire more liberal and natural principles for the basis of a rational system of medicine, than those of electicism, and, superadded to eclectic principles, is specific medication, which is a distinctive and valuable part of eclectic therapeutics."

Thus it comes from the East, the West, the North, and South, from the progressive old and enthusiastic young, all, with but few exceptions, unite in conceding this to be the fundamental, underlying principle of eclecticism. These quotations from our representative men might be indefinitely continued, but enough has been said to show that progressive eclecticism is determined to advance, and that in specific medication we have the keynote of modern eclecticism.

MEDICAL ETHICS.

By J. W. Taylor, M. D., Salt Lake City, Utah.

But why speak of it? In this, the territory of Utah, the honorable conduct, as incorporated in the code of ethics, is almost unknown. So it appears to me; for physicians of the old school are trying with all the means at their command, either honorable or dishonorable, to prevent any school of medicine but their own ftom practicing here. They are, by insinuation, damaging the

practice of physicians of the eclectic school whose character and reputation are as far above many of theirs, as the heavens are above the earth.

The interests, rights, and privileges of medical men are as dear to them as are those of any class of our citizens. The common rules of morality, which are enjoined in the Bible and have been recognized, at all times, by the wise and virtuous, are sufficient to meet all the requirements and emergencies which, in a moral point of view, are likely to arise.

A physician should avoid all slanderous remarks relative to the faculty as a body, and should endeavor to enrich the science, and respect his seniors, who have brought it to its present elevation. A practitioner, whatever his credentials may be, who enjoys a good moral and professional standing in the community, should not be excluded from fellowship, nor his services rejected, if desired, in consultation. If a physician studies from the rising to the setting of life's great sun, he will still be imperfect.

Then why judge each other? He who judges the wisdom of a fellow-practitioner, or tries in any way to injure his practice, shows by the mere act of so doing that this is the index to his whole character, and that he is unfit to possess the confidence of the community. That the title doctor, which should belong to those only whose sole desire is to do good and study the welfare of the sick, is too great a prefix for his name. Though, perhaps, the doctor may not realize it, slanderous remarks of a brother tends to create distrust of all practitioners of the science, himself included.

Though this is a country of freedom, right here in our midst we find a body who rules regardless of constitution or laws. At present few outside of the medical world realize that a subordinate body has undertaken to establish and enforce laws contrary to the Constitution of the United States; laws which are fitted to their own convenience. Yes, the allopaths have formed a body which has undertaken to act as judges, jurors and attorneys, and have laws so worded that they can be construed into anything or everything according to the circumstances. Never was more shameful and oppressive class legislation attempted than the medical legislation in the Territory of Utah by the old-school board.

Men of perhaps twenty years experience in the practice of medicine have been robbed of their constitutional rights and prevented from practicing their profession.

Surely the just of Utah do not realize that men who are not above petty jealousies, and who have and show a disposition for the strong to worry the weak, are allowed to sit in judgment upon their competitors. They are becoming despots.

The duty of the profession toward each other may be expressed in a few words. It is the action of gentlemen to gentlemen.

In all professions the "Golden Rule" might well be remembered.

THE BEST METHOD TO PROMOTE ECLECTICISM.

By C. Edson Covey, M. D., Detroit, Mich.; J. K. Scudder, M. D., Cincinnati, Ohio; W. N. Mundy, M. D., Cincinnati; Ohio; Committee appointed at Niagara Falls, in 1894.

First and most essential for the progress of a cause is, that of good grounds for existence and just demands for the people's attention and patronage. The question that confronts us in the start therefore is: What is Eclecticism, and has it a just claim upon the public?

Simply pointing with pride to the motto, "*Vires Vitales Sustinete,*" is not sufficient. So well did our predecessors fight their battles and do their work, that all enlightened physicians now endeavor to fulfill its dictum. Whilst that motto was justifiable and sufficient in the early days of Beach, Morrow, King, and others, more tangible reasons must be given for our continued existence as a school.

Who will deny that our chief advantage lies in our successful system of therapetuics? As Dr. Fearn said, "In this field they (early eclectics) have labored sedulously, continuously and successfully." In practical therapeutics there is law, and in the eclectic practice there is a certainty in therapeutics that does not exist in allopathy. We give a specific medicine for a direct effect, and we get the effect. Specific medication has, therefore, become recognized as a fundamental element of the eclectic

practice. It is now the distinctive feature of modern eclecticism, is founded upon a true, rational scientific principle,, and no other theory of therapeutics has the same element of certainty.

The characteristics of this system, its pleasantness and certainty, should be explained to our patrons in a plain matter-of-fact manner. Our physicians should be liberal-minded, of advanced ideas, students and gentlemen. It is a fact that our rivals have classed eclecticism with all that savors of quackery. Humiliating as it is to us, we must admit that, in some directions, we have been too lax as to our membership.

When we learn to confine our membership to those who practice legitimate medicine, graduates of reputable colleges, when we avoid the affiliations of those who practice or advertise themselves as possessed of impossible powers, it will be better for us and for our standing as a school.

We must not oppose wholesome medical laws, and still we must condemn class legislation. Wholesome laws will rid our school of many "barnacles" now attached to eclectic colors, parasites who prey upon our name because it is popular and profitable. Our colleges must enlarge their curriculum, if deficient in any direction, for our graduates must be competent (as they are), to enter into a competitive examination with those of other schools.

We should support, by both subscription and contribution, all eclectic periodicals; buy and thus encourage eclectic literature.

Eclectic practitioners must patronize their own schools, thus furnishing them with the stimulus and funds for perfecting their courses of study. Has your state a hospital under eclectic control? If so, give it your patronage and support. Do all in your power to build up eclectic institutions, be it School, Hospital, National, State, or Local Associations.

We quote the following from the NATIONAL TRANSACTIONS of 1888–9: "Our educational training must be broad, liberal and comprehensive. Our stronghold must be on an eminence so high and deep and wide, as to meet successfully the well planned attacks of a foe numerically powerful, jealous and exasperated,

Nor should our efforts be simply for purpose of defense, but we should be prepared for aggressive war. 'The race is not always to the swift, nor the battle to the strong,' but victory also rewards the persistent, courageous and just."

We should also endeavor to strengthen and build up our State and National Associations, not merely in numerical strength, but in moral force and reputation. We must not throw open our doors to travelling and advertising mountebanks, with or without diplomas, who wish to seek refuge in our fold. We are under no obligations to them, why should we give them a semblance of respectability? It is much easier to keep them on the outside than it is to get them out after permitting them to enter our societies.

In consultation, and in referring patients to specialists, we should make all honest efforts to refer them to members of our own school. Use all means to bring our school, its men and principles, to the notice and respectful attention of the people. Let us have a good word for each other, and keep in touch with our fellow practitioners.

Quoting from Dr. Band, "We should be diligent in our calling and resolute, letting nothing dishearten us or deter us from effort. The future will be as bright as we make it. We have our own efforts, our principles and our convictions to rely upon."

How shall we reach the people? We can do this in a measure by the methods already outlined. Live, energetic men, successful physicians, will become acquainted with the people. Our practice and our system of direct medication is always popular, wherever it becomes known, besides, we can adopt the method advocated by Dr. Borland in the NATIONAL TRANSACTIONS in 1894–5, namely, distribute tracts. Those, probably, most suitable for distribution among the people are:

1. "*Specific Medication*," by Prof. Scudder, price $1.00 per 100.
2. "*The Essential Differences between the Three Schools*," by Prof. Scudder, price $1.00 per 100.
3. "*What is Eclecticism?*" by A. J. Collins, M. D., price $1.50 per 100.

4. "*Eclecticism versus Allopathy*," by E. M. McPheron, M. D., price 3 cents.
5. "*Why I am an Eclectic*," by C. Edson Covey, M. D., price $1.00 per 100.

To quote from Dr. Borland, whose words can hardly be improved: "A series of articles on eclectic medicine can be published to advantage. For example, I would take the pamphlet, "*What is Eclecticism?*" Of this I would make a series of five or six articles, stereotype them and publish one a week until done. After the first one should have been published in all the papers in my county, I would send the plates to my neighboring (eclectic) physician in an adjoining county, to be used in the same way, and let him pass it to another, and so on. In this way I would send on each plate after using it, until I had got through with all the series. In this way we could have the matter published in every county in the state in one year, and the cost, compared with the number of individuals reached, would be trifling."

We should judiciously, and at all times, press our claims for favor. We have been remiss in this matter, and it is now time we should awaken and assert our rights. There is no just reason, and we are inclined to believe, no lawful one why we, as eclectics, are not entitled to favors, if we are qualified by reason of education and ability, to honorably fill the position sought. On this point there is no question. Our system of practice is the most successful of any.

Medical Symposiac.

AUGUST 13, 1895.

Resolved, That a law forbidding the sale of cigars and cigarettes to minors should be enacted and enforced.

The two following papers were presented on the affirmative of this question; no one was present to speak in the negative:

CIGARS AND CIGARETTES.

By W. F. CURRYER, M. D., Indianapolis, Ind.

The tobacco habit may appropriately and with strict justice, be described as a relic of barbarism. It was copied and adopted from the vicious and ignorant savages who lived in the West Indies, where they were discovered by Columbus. The result has been that while the European powers by treachery and the force of arms subjected the tribes and peoples of the Western hemisphere, these in their turn, have subjected and debased the populations of the Eastern continent by tobacco.

So universal and so popular has the use of this article become, that to take any decided stand against it and proclaim the facts in regard to it, requires an unusual degree of moral courage. It is easier by far to keep silent and float quietly with the current, even of a river so execrably filthy. There are very many now, who will freely acknowledge every thing that can be said respecting the pernicious effects of this baneful drug, yet will inculcate a far different doctrine by their example. They will affirm unequivocally that the use of tobacco is disgusting and degrading to the moral nature, as well as injurious to bodily health, and yet in the presence of the very audience where they have borne this sweeping testimony, will continue the practice—chew and spit, smoke and puff, snuff and sneeze, as if it were perfectly proper and becoming. It is a grave problem, how they can, under such a state of facts, reasonably expect to convince

others, and in particular the law-makers, that they are themselves sincere, or that their declarations are true.

There is no narcotic of ancient or modern times which has been so extensively used, and no drug about which there exists so great diversity of feeling and opinion, both among the people generally and the members of the medical profession. While the use of alcoholic beverages is very generally looked upon as debasing, and often exposes the individual to social ostracism, most persons will condone the offense of tobacco. Many individuals imagine that they possess some pent-up nervous energy, a deranged mental equilibrium, which tobacco serves as a safety-valve to benumb or goad into normal condition. In this way it has gained some degree of toleration and even of public approval.

The habit must be regarded as one of the greatest evils of the age. I do not except alcohol even with its long, murderous record. The use of tobacco is worse than alcohol because it is more general, because its moral status is considered as higher, and because its pernicious results are more gradual and less obvious to view.

LEGISLATION IN BEHALF OF MINORS.

The destructive effects of the use of tobacco upon youth are such as appeal to us to put forth our most earnest efforts for their safety. The proposition before us contemplates this state of things. It enquires whether a law forbidding the sale of cigars and cigarettes to minors should be enacted and enforced. Already has the matter engaged the attention of philanthropists and public men. As long ago as the 10th of January, 1891, Mr. Edmunds, of Vermont, presented a memorial of the citizens of the District of Columbia, to the United States Senate praying for the passage of a law to restrict the smoking of cigarettes and cigars, and the use of tobacco in the District. It was duly referred and ordered printed.*

The legislatures of the several States have also considered the matter. There are laws prohibiting the sales of cigarettes or tobacco to minors, under specified ages, in Alabama, Arkansas, Connecticut, Georgia, Idaho, Illinois, Indiana, Kansas, Kentucky,

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**Miscellaneous Documents of the Fifty-First Congress*, Second Session, No. 40.

Maine, Maryland, Massachusetts, Michigan, Minnesota, Nebraska, Nevada, New Hampshire, New Jersey, New York, North Dakota, Ohio, Oregon, Pennsylvania, South Carolina, South Dakota, Vermont, Virginia, Washington, Wyoming.

I do not find the State of Wisconsin in this category. It may, however, have passed such a law since 1891, and perhaps some other States ought now to be included.

In several States it is simply made unlawful to sell cigarettes or tobacco to minors; others impose likewise heavy fines and also imprisonment. There is also diversity in respect to the age. Maryland fixed the limitation at fourteen years; while Georgia and Idaho extend it to twenty-one. Most of the States named make it sixteen years of age. In Indiana the age is fixed at sixteen, and the fine is not less than one dollar or not more than ten; and it is also made unlawful for anyone to persuade, advise, counsel or compel any child under sixteen years of age to smoke or chew tobacco.

It is evident from this extensive legislation, that there has been at different times much anxiety entertained in regard to the pernicious effects of this practice. Yet, if the condition of affairs in other States, and in the cities, is like what it is in Indiana, these laws are virtually a dead letter. Like the practice pursued in respect to other prohibitory or restrictive legislation to affect the morals or personal habits of the members of the community, they are left to enforce themselves. They are like political platforms—a declaration and little more.

Meanwhile our youth, in alarming numbers, are everywhere following in the footsteps downward of their adult acquaintances. Hundreds of boys, and even many girls, are to be met who are addicted to the cigarette habit.

MAGNITUDE OF THE EVIL.

I will now present a few statements in regard to the manufacture and sale of cigarettes. The *Western Tobacco Journal*, for August, 1893, in an article upon the output of tobacco for that month, says that the number of cigarettes made was 357,844,360—an increase over the number made in the same month in 1892, of 87,054,430. The output for the entire year was estimated at 3,350,000,000!

The "American Tobacco Trust," according to its own showing, made a profit, in 1892, of FOUR MILLION DOLLARS from cigarettes alone!

In 1886, according to the reports of the Bureau of Internal Revenue, the money expended in the United States for tobacco was $433,184,480. This would represent 4,957,528.488 cigars and cigarettes, and 191,592,240 pounds of tobacco and snuff. The cost as here given represents only the *wholesale prices*, not what is paid by the consumers.

While these figures are not up to the present date, they show an aggregate that is truly appalling. What adds to the cause for alarm is the fact that the expenditure and consumption at the present time far exceed the amounts here given.

The annual report of the Commissioner of Internal Revenue shows that, during the fiscal year ending with June, 1894, the number of cigarettes made in the United States exceeded 3,000,000,000. This would be an average of about fifty to each individual of the population. A decade ago, according to the *Commercial Gazette*, the number manufactured was only some millions. There has been a steady and rapid increase year by year.

HOW CIGARETTES ARE MADE.

So great is the demand, that cigarettes are not now made by hand as they are in Turkey and Russia. Like everything else in America, the facilities for manufacturing them have been notably increased by the adoption of machinery. Within the last few years, several extraordinary inventions for this purpose have come into use. The patents are immensely valuable. One of these machines is capable of turning out 275 cigarettes per minute, upon the average.

The mode of operating may be worth describing. The machine passes along an endless strip of paper, the width of which is the exact length of a cigarette. The tobacco is fed from above into little scales, which drop down as soon as they have received the precise amount required, emptying their contents upon the strip of paper, which is then rolled, chopped off with knives, and neatly glued together—all in a second of time, the machine then counting them, assorting them into packages, and wrapping them up, without the aid of human hands.

PECULIAR INGREDIENTS USED IN CIGARETTES.

The manufacturers, every one of them, have their own formulas for the article which they produce. These are more or less secret. None of the brands of cigarettes which are placed on the market are composed of a single kind of tobacco. The original material is merely the basis for artificial flavoring. To begin with, various aromatic oils are employed. The list of these includes rose-geranium, vanilla bean, tonka bean, and licorice root. These are added to the tobacco after it has been chopped into shreds ready te be rolled into cigarettes. Finally, the particular drug chosen is applied in the form of liquid solution and sprayed over the material with an atomizer. Careful discrimination is employed in regard to the quantity, a precise number of drops being distributed to each cigarette.

From the best professional and other information at hand, there can be no doubt that opium, valerian, cannabis indica, and other appetite-kindling drugs are used to a large extent in this way. It is a significant fact that while the quantity of leaf tobacco manufactured is steadily increasing, less sugar and licorice are used. The other materials, it should be remarked, however, are used to a larger amount.

INJURIOUS EFFECTS OF THE HABIT.

When pure tobacco is used by an individual, it injures the nerves, the eyes, brain and heart. When opium is added to the tobacco, as is done in the manufacture of cigars and cigarettes, is it any wonder that college physicians, like those of Yale, Harvard and Amherst, found, after much care and frequent examinations, that the students lost weight, height, chest-girth and lung capacity, from the tobacco habit? And when Indian hemp and kindred drugs are used in conjunction, what are we to expect?

The tobacco habit is found almost everywhere and in all classes, from the outcast in the street to the king upon the throne, from the vile transgressor of every moral law to the most honored divine, from the ignorant to the learned and erudite, and from the child and youth to the veteran hoary with age. Many of its victims are fully conscious of its direful effects, yet con-

stantly yield to its imperious demands. They had formed it, perhaps, when they were too young to know what it would entail, and now are its slaves, possibly not having moral strength to conquer it or even to attempt resistance.

SENIOR STUDENTS IN YALE COLLEGE.

I will enumerate some of the results to youth from this habit, as these are given by various superior authorities.

J. W. Seaver, M. D., thus describes the effects of tobacco upon the physical development of the students in Yale College.*

"Through the assistance of several members of the Senior Class, I am able to make a more complete statement, and equally interesting showing from a scientific point of view. The data at present discussed relate to 187 men, composing a senior academic class at Yale, all these men have been examined and measured at least twice during the course, viz.: immediately after entrance and in the last term of the senior year. With two exceptions, over ninety per cent. of the men were also examined in the sophomore year, and many in the junior year."

The material, therefore, he says, was fairly complete, and the group large enough to eliminate the elements of mechanical error and chance growth.

"On entering college the class of 1891 had a list of 38 tobacco users, or about 15 per cent. of 205 men. At the beginning of the junior year their percentage had slightly increased; although *eighteen* of the men, who were recorded as "tobacco users," had for one reason or another left the college. At the end of the senior year, the record stood as follows: There were 77 men who had never used tobacco; there were 22 men who had used it slightly, at rare intervals, of whom six had begun the practice in the last term of the senior year; there were 70 who used it regularly.

"The growth of the men in favor of the principal anthropometrical items of varied character, is as follows:

	Weight.	Height.	Chest-Girth.	Lung-Capacity.
Non-users	11.78 lbs.	.894 in.	1.74 in.	21.6 in.
Irregular users . .	11.06 lbs.	.788 in.	1.43 in.	14.4 in.
Habitual users . .	10.66 lbs.	.721 in.	1.27 in.	12.1 in.

"If this growth be expressed in the form of percentage, it will be seen that in weight the non-users increased 10.4 per cent. more than the regular users, and 6.6 per cent. more than occas-

* *University Magazine*, June, 1891.

ional users. In the growth of height, the non-users increased 24 per cent. more than the occasional users. In growth of chest-girth, the non-user has an advantage over the regular user of 22 per cent.; but in capacity of lungs the growth is in favor of the non-user by 77.5 per cent. when compared with regular users, and 49.5 per cent., when compared with irregular users.

"It has long been recognized by the ablest medical authorities that the use of tobacco is injurious to the respiratory tract, but the extent of its influence in checking growth, in this and in other directions, has, I believe, been widely underestimated."

STUDENTS AT AMHERST COLLEGE.

Dr. Seaver's conclusions in regard to the dwarfing effect of tobacco are fully corroborated by the statement more recently published, of Professor Edward Hitchcock, M. D., of Amherst College. He gives the results of tobacco-smoking upon the physical development of students, as shown by a study of the matter in the class of 1891. Of this class 71 per cent. increased in their measurements and tests during their entire course, while 29 per cent. remained stationary, or had fallen off. In separating the smokers from the non-smokers, it appears that in the item of weight the non-smokers have increased 24 per cent. more than the smokers; in height, they have surpassed them 27 per cent.; in chest-girth, 42 per cent.; and in lung capacity there is a difference of 8.36 cubic inches. This is about 75 per cent. in favor of the non-smokers, which is 3 per cent. of the total average lung capacity of the class.

Here is scientific demonstration that the use of tobacco checks growth in weight, height, chest-girth, and, worst of all, in lung capacity.

If this be true of young men so nearly grown, as are students in colleges, what must be the effect upon younger boys? Their growth ought to be more rapid in proportion; but their undeveloped organisms can not so well resist the influence of this poison, and they must, therefore, be dwarfed and stunted far more than those who are older.

STUDENTS AT THE NAVAL ACADEMY.

Dr. Philip S. Wales, Surgeon-General, also bears important testimony of the United States Naval Academy at Annapolis, Maryland. Unquestionably, he declares, the most important

matter in the health history of students at the Naval Academy is that relating to the use of tobacco. An experience of five years as health officer there has convinced him that the future health and usefulness of the lads educated at that school require its absolute interdiction. He had repeatedly found defective vision resulting from its use in earlier life. Irregularity of heart-action was one of the most conspicuous effects. He had found many cases of irritable heart, the "tobacco-heart," among the boys who had acquired the condition by smoking after they had entered the school. To quite a number of these promotion had been refused, because of the heart disturbances and unsteady, tremulous hands.

Finally, he says, that he is sure that the use of tobacco predisposes to the use of alcoholic drinks. His observation was that it is an obstacle to mental application. Hence, he concludes, that an agent capable of such potent evil, which through its seductive effect upon the circulation creates a thirst for alcoholic stimulation, which exerts a depressing and disturbing influence upon the nerve-centers, which determines functional diseases of the heart, which impairs vision, which blunts the memory, and interferes with mental effort and application, ought—in his opinion as a sanitary officer—at whatever cost of vigilance, to be rigorously interdicted.

STUDENTS AT WEST POINT MILITARY ACADEMY.

Superintendent John N. Wilson, of the Military Academy at West Point, New York, states that on several occasions, during the past two years, youths who had successfully passed the physical tests, developed eye-trouble soon after beginning their studies. An expert oculist of New York, after having made several examinations, reported that the weakness had been caused by tobacco-poisoning, from the continuous use of the cigarettes before their admission into the Academy.*

TESTIMONY AT OTHER SCHOOLS.

The late Dio Lewis declared that at Harvard College during fifty years, although five out of every six of the students were

*The regulations of the Military Academy are very stringent in this matter. They prohibit the use of tobacco, and if cadets are detected smoking, prompt and severe punishment follows.

addicted to the use of tobacco, not one of them had ever graduated at the head of his class.

At the public schools of Paris, in France, a committee was appointed at one time to ascertain the facts upon this matter. It was reported that in the various competitive examinations the students who smoked tobacco were far inferior to those who did not use the article. The investigations by this committee included alike the primary, intermediate and higher schools, as well as the colleges and professional schools. The result in them all was the same.

Dr. Willard Parker, speaking of the schools and colleges of America, declared: "Tobacco is ruinous, dwarfing body and mind." He made the further remarkable statement that in the Free College in the city of New York, in an examination of candidates for admission, out of nine hundred girls, 71 per cent. succeeded, while of the boys only 48 per cent. passed. He further affirmed that as a general fact ten girls graduate where only one boy gets through. *The teachers ascribed this difference to the simple fact that boys use tobacco and girls do not.*

In Columbus, Ohio, the teachers and school officers found the cigarette habit so destructive that they were compelled to take action for its overthrow. They organized anti-cigarette leagues and encouraged the pupils to become members. Orders were promulgated likewise, forbidding any one to use tobacco on the school grounds or in the building.

The consensus of opinion among the teachers and superintendents of our schools and other institutions of learning is that the use of tobacco is the bane of the student. They agree generally in the declaration that boys so addicted are certain to deteriorate in scholarship, in self-control and self-respect. The habit takes off the fine edge of the sensibilities, injures the manners and dulls the moral perception.* Poor is the preparation that such a condition makes for the work, the duties, the encounters of mature life.

Many boys have been led to imagine it "manly" to use tobacco. This is a sad mistake. It is the very reverse, and

*Some one has quaintly affirmed that the use of tobacco demoralizes; that it makes a boy careless about his hair; that he lets his nails go uncleaned, and his clothes soiled; in a word *he is dirty.*

actually makes the growing youth as well as the grown-up man debased and unmanly. The using of tobacco hinders the attaining of those qualities which make the true man. Instead of being an object to be praised and admired, the tobacco-user is one for whom his friends always have to make excuses and apologies. The earlier in life that the obnoxious habit is formed the more certain and pronounced is the blighting effect on the delicate growing organism of the body.

ANOTHER GROUND FOR PROTEST.

While; however, we make an appeal in behalf of those who are thus injuring and debasing themselves, a word may be said upon another side of the question. Those who do not use tobacco, have also rights in the matter, which those addicted to the habit are morally bound to respect. Are they not to be protected in their enjoyment of God's gift of pure air? Must those who do not use tobacco, who prefer cleanliness above the filthiness incident to the quid, the pipe, the cigar and the snuff-box,—must they be compelled to inhale the polluted atmosphere that is diffused by the smoker? Must they be subjected to the obnoxious poison, whether they will or not?*

TOBACCO AND ITS DISGRACES.

It is the matured conviction of the men who have given careful attention to the subject that the use of tobacco is the precursor to that of alcohol. "Show me a drunkard who does not use tobacco," said Horace Greeley, "and I will show you a white blackbird." To this the celebrated Dr. John Lizars, of England, adds his confirmatory testimony: "It is a notorious fact," said he, "that the two vices, tobacco and alcohol, are twins, and are always associated together."

The late Doctor Mussey, of Cincinnati, Ohio, also makes the strong declaration: "Smoking and chewing tobacco produce a continual thirst for stimulating drinks, and this tormenting thirst is what leads to drunkenness."

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*A good story is told of a collector for a publishing house in Boston, that sold law books on credit. This collector was an inveterate tobacco-chewer. Whenever he waited upon a debtor, the latter was sure to pay the bill without delay, in order to escape a second visit from this man of reckless expectoration. It was simply a question of paying the bill or spoiling the carpet.

It is too true, however, that many of our leading and most talented citizens are votaries, if not abject slaves, of the tobacco habit. We have over-frequent public exhibition of the abhorrent fact. The famous Yorktown Commission is yet fresh in memory. Among its items of expenditures, as presented to Congress, was a bill for cigars and cigarettes alone, amounting to the monstrous sum of $1,386.20, while that for liquors and tobacco exceeded SEVEN THOUSAND DOLLARS. Yet a deeper disgrace attaches to the junketings of the funeral train that accompanied the coffin of President Garfield. Similar occurrences have taken place repeatedly in the cases of others who died in the public service, but we forbear.

The moral sense of the men who could render, or even incur such bills, or participate in such revels and orgies must be obtuse beyond our power to perceive or imagine. The occurrences themselves reflect deep disgrace, not only upon those immediately taking part in them, but also upon the constituencies electing representatives having such habits, and upon the Nation itself, whose servants they are. No matter for wonder can it be that so many are without respect for the laws, when they are vividly conscious that the men who enact them are thus vicious and corrupt, and the fountain itself is thus polluted. Yet, despite other agencies of a wrong, we may remain very confident that but for the foul tobacco habit, the evils would be infinitely less, and that the disgraceful spectacle would not be exhibited.

TOBACCO AND INSANITY.

Mental alienism is another sequence. An agent so potent in deranging the nervous system can but be a powerful factor in promoting disturbances of the functions of the mind. In this proposition a large number of physicians and experts will be found to concur. Dr. Bremer, of St. Louis, who has long been connected with the St. Vincent's Institution for the Insane, is unequivocal in declaring this conviction. Tobacco really does cause insanity, he stoutly affirms; and in all such cases, where the tobacco habit is fully overcome, the symptoms of insanity in its various forms, are sure to disappear.

Dr. Woodward, of the Massachusetts Insane Asylum, Dr. Lizars, Dorothea Dix, and others declare that the immoderate use

of tobacco produces an affection of the spinal cord and weakness of the brain, resulting in madness. In the young, it is not only liable to arrest growth and physical development, but to cause permanent feebleness of the mental faculties. We may witness this on every hand. Few of the children and youth that we witness with cigar or cigarette in mouth will ever go beyond mediocrity, if they do not become insane or imbecile outright.

WHAT IS THE REMEDY?

Scientific analysis has been expended upon tobacco and arrived at tolerable exactness in regard to its nature and qualities. We need no explanation, either, of its various properties or its extraordinary fascinating qualities. These are alike apparent on every side. But its baneful nature should be carefully studied. It is a deadly poison, and its oil or concentrated extract will destroy life as unconditionally as the acid of the peach, the juice of the woorara, or the venom of the hooded snake. A result of smoking is the deadly cancer. The use of tobacco produces nervousness, dyspepsia, heart-disease, paralysis. It injures the voice, enfeebles the sense of taste and smell, brings on weakness of the eyes and blindness, and, in short, overturns health and hastens death. It impairs the mental and moral constitution, weakening the faculties for acquiring knowledge, benumbing the sensibilities, rendering the individual filthy in personal habits, and uncourteous in manners, blunted in the sense of right and wrong, and producing a tendency to the excessive use of alcoholic drinks and consequent drunkenness. The habit is expensive as well as filthy. Taken all in all, it is destructive of all that is best and purest in a human being, the highest moral and intellectual qualities of our human nature.

Its use, therefore, should be after every proper and lawful manner, discouraged. Its sale to the young and immature should be absolutely forbidden with severe penalties. The arguments and pretexts which seem to justify at times the use of alcoholic beverages can never be truthfully employed for tobacco. The children of this decade will be the young men of the next, and every consideration worthy of our manliness and humanity dictates that we train them aright, and preserve their bodies and moral constitutions pure and vigorous.

Those who make the laws should sternly and resolutely interdict and prohibit. Parents and teachers should instruct diligently and thoroughly. Every endeavor should be put forth to rouse the moral sense against the impure habit, and to impress the condition and perception of its pernicious character and influence. Religion should be called upon to help; everyone should be taught to keep himself pure from pernicious defilement. If those who know the facts about tobacco so well and the evil effects of its use should illustrate their knowledge by example, raise their voices against it, thus teaching the truth by word, pen, and personal action, it would not be very long before the evil would be rooted out. Our laws would then be better obeyed and respected. The human race might then hope to be redeemed from this filthy vice of savages and the frightful moral as well as physical slavery and degeneracy which it entails.

TOBACCO FOR THE YOUNG.

By George Covert, M. D., Clinton, Wisconsin.

In addition to the other arguments which have been adduced in favor of the use of tobacco, our worthy friends upon the negative side of this question have the redoubtable Colonel Robert G. Ingersoll for a champion. In the face of physicians and clergymen, and of moralists generally, he boldly owns his belief that the weed meets an actual need of man's nature. Somewhere we met this notion years ago. The reasoners based the argument upon the fact that the Renaissance, which took place in Europe as a sequence to the fall of Constantinople, had produced a general excitable condition upon the population, a morbid unrest, which required some medicinal agent for its alleviation. The discovery of our western world at this period had been followed by the introduction of tobacco to meet that necessity. The fact that in thirty years its use had become general in Europe, and even made its way into Asia, where other narcotics had been in common use for thousands of years, has been sometimes adduced in support of the proposition. The ready adoption was imputed to an instinct which was stronger than reason.

We can afford, however, to let such an argument go for all that it is worth. A closer examination, however, would quickly divest it of its cogency. Whatsoever need may be imagined for the article, owing to certain supposed abnormalities, the fact that no one acquires the tobacco habit except by first encountering a powerful repugnance and experiencing a deathly sickness, is very significant. That it adds nothing to the vital energies, contributes no sustenance, would seem to indicate its uselessness. Indeed, there is hardly a vice of which human beings are guilty, whether drunkenness, lewdness, or excess in other ways, for which we may not maintain an argument as plausible as any propounded in behalf of tobacco.

The use of tobacco, even with the mature adult man, stupefies and paralyses the immediate sensibility of the nervous system. Nor does it strike alone a deadly blow upon the nerves, but it sends its essences through the fluids of the body. The tobacco flavors, denoting the presence of its essential qualities, can be detected in the blood taken from the veins. Every drop of blood that passes through a tobacco-user's heart, that circulates through his arteries and flows back through his veins, is flavored and impregnated. The lungs exhale the pungent odor in the breath; the glands and membranes are supplied and saturated with tobacconized blood, and every tissue of the body is built up from it. In short, it begins by a shock upon the nervous system; it then gives an unnatural impetus to the circulation, and excites an unwarranted speed of action which it has no power to sustain. It impregnates the skin, not only tincturing the perspiration, but impairing its functions generally. The individual is rendered more liable to miasmatic and epidemic disease.

The degree of morbid excitement which the use of tobacco produces, is not generally known. The smoking of a single cigar will create such a degree of fever as to increase the pulsations fifteen or twenty a minute. A pulse which naturally beats seventy per minute, will thus be increased to eighty-five or ninety. The effect of chewing is very similar. The use of the pipe comes in the same category. It needs no argument to show that an

individual cannot be all the while provoking such a febrile action of the system without exhausting the vitality itself.

Under such conditions the moral and intellectual nature must likewise suffer impairment. The use of tobacco operates directly upon the base of the brain, and the excitement which it promotes tends to destroy the balance of the functions of the body, and those of the mind. A measure of the demoralizing influence must also be transmitted to the offspring of the individual.

Admitting for the sake of the argument, that tobacco, and the various other stimulants, sedatives and narcotics, may be used in moderation by adults without serious detriment, or even with some actual benefit, I will submit the proposition nevertheless, that they are exceedingly injurious to those of immature years.

In order to bring young human beings to perfection, the greatest care is necessary. During their tender and susceptible period of childhood and adolescence, it is necessary to shield them from every untoward influence. Excess of every kind is destructive to the young and immature. This is the law of Nature running through both vegetable and animal nature. Excessive degrees of wind and rain bring ruin to growing vegetation.

The food of the young animal requires to be simple and innocuous and in moderate quantity.

Call tobacco "a food," if you please. Even then it must be borne in mind that it is a food that no boy, who has contracted the habit of smoking, will use in moderation, as his age requires. The very whim which so many boys seem to entertain, that the use of tobacco is a manly habit, will impel them to an excuse which the prudent adult more carefully avoids. Hence, while I have no doubt that every honest medical man believes that any use of tobacco, except the most moderate, is harmful to the adult individual, I am likewise quite certain that all will agree that the use of cigars and cigarettes by the growing boy is exceedingly injurious.

I do not need to quote statistics to demonstrate this proposition. I do not have to refer to the notable physical differences

between the users and non-users of tobacco, as established by the physical examinations of our literary institutions for young men. I do not need to mention the prohibition of tobacco in our military and naval schools, nor the edicts which are being promulgated against it in the military discipline of the Continent. In fact I am willing to challenge, to defy anyone to prove that the use of tobacco by growing boys is not injurious to them.

The fact will scarcely admit of question that it is sufficiently injurious to warrant the restraining of its use by law.

The only doubt or question is simply one as to the scope of the paternalism of our government. If by law children must be sent to school and educated in order that they may become good citizens; if by law bad children may be sent to reform schools that they may not become a menace to society; if by law the sale of poisons can be prohibited; and, if by law liquor may not be sold to minors, then surely the corollary holds good that the law may properly and legitimately forbid the sale to minors of an article that will unfit them for the service of the State in military affairs or in civic trusts.

It seems to me, likewise, that for other and deeper reasons legislation may be very properly extended thus far. The State may legitimately take into consideration, not only these immediate effects to which brief reference has here been made, but also the far-reaching results from the working of the law of heredity. It may hold itself responsible for the deterioration of the stamina of our population through the indiscriminate use of tobacco. Who shall say that the peculiar nervousness of the present generation, male and female, is not to a very large degree the outcome of the smoking habits of their sires from early boyhood days?

In my own experience, I have repeatedly observed the history of families in which the father had early acquired the habit of using tobacco. In such cases the progeny, as a rule, were nervous; the elder children were perhaps quite strong and vigorous, but the younger ones non-virile and succumbing in infancy. In some of these families the males were habitual drunkards, the females insane.

Special Topic for Discussion.

Resolved, That the present method of Medical Examining Boards is not in accord with the spirit of American freedom and progress; that it takes too deeply of the genius of favoritism, paternal government, and mediæval ecclesiasticism, and should be reformed in its procedures or abolished outright

Only one paper was furnished upon this resolution:

MEDICAL EXAMINING BOARDS.

By EDWARD B. FOOTE, M. D., New York City.

According to the announcement I am expected to take the affirmative. This I do with pleasure, as I am in full sympathy with the spirit of the resolution. But, as it seems to me, I stand here in a singularly anomalous position. I am to show to eclectics that an eclectic should be an eclectic; to urge Americans to be Americans, and to be consistent with the principles of free government. Were I addressing the Allopathic, or Homœopathic National Association, or an audience that did not know the meaning of medical eclecticism, it would be materially different. If I were talking to those who uphold the divine rights of kings, my position would be greatly altered, and my line of argument somewhat changed. Under the circumstances, the remarks which I shall offer to-day should be quite unnecessary and inopportune. First allow me to ask—What is the meaning of eclecticism? Webster gives it—"The act or practice of selecting from different systems." How are we to select from different systems if we aid in enacting statutes which practically prevent new and possibly better systems from having birth? How do new schools or improved methods arise? What is the history of the eclectic system of practice itself? What the origin of the homœopathic system? What the beginning of the hydropathic practice? Where would these systems now be if medical laws

like those prevailing in nearly all the states of the Union, had been in operation before these new methods of practice arose. Is any one here certain that some methods of healing the sick, far superior to those which now obtain, are not reserved for the future? Have we reached the zenith of medical achievement? If not—if it be possible that better means may be discovered—should we be eclectics, stand in the way of any one, however humble, to contribute his quota to medical progress? And how can those outside of the three presently recognized schools stumble upon new remedies and new ways of curing human ills, if they are not permitted to practice upon those who are willing to employ them? It will not answer to say, in the light of history, that an established school of practice can find out all that may be learned in the way of healing. The very training of the human mind in certain established methods unfits it for quickly perceiving new and untried means of accomplishing any desired end. It becomes a slave to precedent. As necessity is the mother of invention, so an untrained mind, in an emergency is likely to hit upon some original device, which would never be thought of by a recognized expert. While I am preparing this paper, an article in the editorial columns of the *N. Y. Evening World* gives a case singularly illustrative of this very assertion. It is headed "A Novel Surgical Feat." "A wonderful feat in surgery has been performed at Bridgeton," says the writer. "Mrs. Daniel Souders swallowed a fish bone, and for thirty-six hours the surgeons of the place worked without success to remove it. She suffered great pain, and in that time lost about twenty-five pounds in weight. Her case was given up as hopeless, when an idea in natural surgery occurred to her son. He prepared a ball of silk about the size of a pea, with four ends, several inches in length attached. Mrs. Souders then swallowed the pea, the silk ends being held by her son and a doctor. When the pea was well down, the men began working at the threads in such a manner as to cause the ball to turn in her throat, and to keep raising it slightly. After a time the fish bone became fastened in the ball, and was withdrawn from the throat." "The son," remarks the editor, "may never obtain a patent for his novel surgical instrument, but he has the satisfaction of having saved his mother's

life through its means, and that is doubtless reward enough for him."

To go further back, Ambrose Paré, the great French surgeon, commenced his illustrious career as a barber-surgeon. Starting as he did, his mind was open to original mental suggestions out of all ordinary procedures, and as a result it has been said by his biographers that surgery received its greatest impulse from this man. We made three important reforms in surgery. He treated gunshot wounds by "simple dressings instead of boiling oil or the actual cautery. He introduced the ligature for the prevention of hemorrhage after amputation." He suggested that "in searching for a bullet the patient should be placed in the same position as when shot."

Therapeutic electricity was forced upon the attention of the profession by laymen. Drs. W. A. Hammond, Beard and Rockwell were the first in this country, in what chooses to be called the "regular profession," to adopt and recommend in printed works the application of electricity to disease; but for half a century previously "irregulars" had been demonstrating its value, and it was the success of the irregulars in the use of this mysterious agency that called the attention of the profession to it. The virtues of gelsemium were discovered by a Georgia negro. Priessnitz was a Silesian peasant. Hahnemann became disgusted with medical science and renounced medicine and all preconceived methods before coming to the front with his new doctrines. Eclecticism arose among what are called the common people in America. All these new systems met with opposition. The founders of all of them were bitterly persecuted, and it would only have required the proscriptive state aid now given to regular medicine, to have effectually stamped them out. Hahnemann was denounced as an empiric, and the fathers and mothers of eclecticism were derisively spoken of as quacks. Hydropathy as a distinctive school, has died out under the present regime. It only remains for eclectics and homœopaths to help their old arch enemy allopathy, to forge new restrictions, for these new schools to pass into oblivion. In a recent private letter from our venerable and able secretary, Professor Alexander Wilder, he said, speaking of our school, "If we do not get to clear sailing, the eclectic school will go under. Medical laws even

now bid fair to smother it, and eclectics help at the job." And what is most lamentable, these strong words simply convey a melancholy truth. It is what is aimed at by allopathy with every present prospect of ultimate success. And when that result shall be reached, we will have entered upon a second dark age, far darker than that which prevailed in the middle ages, so far as medical progress is involved. Allopathy is bound to rule or ruin. Perhaps there are those here who will question the correctness of my conclusions. To all such I would reply, Priesnitz even in his day, and without laws as proscriptive as those which are now in vogue, went to prison; Hahnemann was driven from one city to another by his persecutors; and Samuel Thomson was martyrized in our own so called free country, while others who contributed the material which ultimated in the eclectic school of medicine did not escape the bitterest persecution. Even so eminent a man as Wooster Beach, did not, as evidenced in the preface of his great work, "Beach's American Practice," suffered persecution from the American profession while receiving medals of honor from the crowned heads of Europe. And Beach hit upon his successful and original method of treating human ills years before taking a course of medical study in a medical college, according to his own testimony. Indeed, he sought a diploma not as a certificate of his mental qualification, but to satisfy the clamor of those who regarded a man as a quack who was practicing without one. So far as the hydropathic school is concerned, there was probably never a more scholarly representative of that system in this country than Dr. Schieferdecker, and he was hounded to his death by the ringleaders in medical legislation in the State of New York. Our own school did not have the courage to protect this original and accomplished man. I know whereof I speak. It so happened that I was a member of the Board of Censors of the New York County Eclectic Medical Society, when the laws of 1874, requiring all practitioners to be licensed by one of the legally recognized medical societies of the state, were enacted, and well remember the appearance of this tall, stately, intellectual gentleman as he appeared before our Board. He frankly confessed that he had given little attention to materia medica for the very

good reason that he did not believe in medicine, but in the practice of his chosen system he was the peer of any man on our board, in our society, or in the medical profession; head and shoulders above any member of the regular school of medicine. My voice was for giving this grand old man a license from our society, for hydropathy unorganized had no legal status, but other members of our board were unwilling to concur. Shortly after, he became involved in lawsuits brought against him by his persecutors, and but little time elapsed before the newspapers published his obituary. He was worried to death by medical laws, and yet he had for his patients some of the most influential people in the city of New York. Even the proverbial "political pull" of New York and an influential clientele were not strong enough to save him from the grasp of the law. He had been caught in the net of allopathy, and was relentlessly pulled ashore. With ambition broken, his highest hopes of usefulness crushed in his chosen avocation, it is not strange that the microbes of disease fastened themselves upon his worried body, and brought his useful career to a close. Nevertheless, hydropathy, short-lived as it was as a distinct system of practice, has left a valuable legacy to that profession which brought its promising career to a premature end. The eminent Scotch physician, Dr. William Buchan, who lived from 1729 to 1805, gave his testimony to the value of lay practice, when he said: "Very few of the valuable discoveries in medicine have been made by physicians. They have," he says, "in general either been the effect of chance or of necessity, and have been usually opposed by the faculty until every one else was convinced of their importance. An implicit faith in the opinions of teachers, an attachment to systems and established forms, and the dread of reflections," said this observing authority, "will always operate upon those who follow medicine as a trade. Few improvements," he added, "are to be expected of a man who might ruin his character and family by even the smallest deviations from an established rule." Testimony in accord with this quotation from a distinguished Scotch physician has been given time and again by noted writers. Professor Waterhouse, of Harvard College, in 1819, in speaking of the much-abused Dr. Thompson, said: "I am so disgusted with learned quackery that I take some interest

in honest, humane, and strong-minded empiricism, for it has done more for our art in all ages and in all countries than all the universities since Charlemagne." In an address by Dr. Oliver Wendell Holmes not many years ago, before the graduating class of the College of Physicians and Surgeons, he adjured the young men who were going into all parts of the states and territories to practice, to gather resources from the crude medical men whom they would meet in the far west, and to never treat them with discourtesy, for he gave them to understand that they could learn much from these self-taught doctors. I can not, of course, recall the exact language of this distinguished man, but what I here give was the substance of his earnest advice to the ambitious young men who were going to be let loose upon a confiding community. In a paper contributed to the Eclectic Medical Society of the State of New York, at its twenty-seventh annual meeting, I quoted Dr. Charles Larew, in regard to the homespun origin of our own school. He was making the report of the faculty of the New York Eclectic College, at Chickering Hall, before the faculty, the graduating class, and a large and fashionable audience, when he said, substantially, that when this country was first settled regularly educated physicians were exceedingly scarce; that our fore-mothers were thrown upon their own resources in case of sickness in the family; that it resulted in gathering together a great variety of herbs and roots, from which they selected those best suited to whatever case might be in hand; that from these motherly beginnings a new pharmacopeia had originated, and had been enriched by what was learned from the unlettered red men with whom our fore-mothers came in contact; and that from this humble beginning eclecticism had arisen; and, further, that eclecticism was the only *native American practice* in all this great country. This was said by one of the faculty of the New York Eclectic College before the graduating class.

In a recent discussion in Sorosis, which, as many of you are aware, is an association of literary women in the city of New York, the question came up as to what was the most potent factor in the development of the race. Mrs. Stella Goodrich Russell, chairman of the committee on education, was reported by the daily press as follows: "She defined education in two ways. In its larger sense, she said, it meant the result of experience, action,

self-control, and self-culture. In a more limited and more generally accepted way it meant the facts of knowledge commonly imparted in courses of instruction. 'Has education in this sense,' queried Mrs. Russell, 'been the most important factor in human development? There have been geniuses who have frequently been educated, and their effect upon civilization is incalculable. There were wise men in England before there was a reading public, and there was a spirit of liberty before men could write. The Magna Charta is signed by men who could only make their marks.' Dr. Harriette Keating, in the same discussion, took the ground that education was but the handmaid of two more potent forces to which all advance was due. These forces are genius and necessity. Genius illuminates by a flash, and necessity forces the accomplishment of that which has been revealed. Necessity sent over the Pilgrim Fathers, founded the Quaker Colony, compelled the settlers to work, sent emigrants to California, and so has developed the earth. It has forced genius to construct ways and means. *Education has merely instructed ordinary intelligences up to the acceptance of the goods offered by genius.*" How true, my intelligent hearers, this is. Concede all this, genius should never be handicapped by a secondary factor, even though that factor be named education.

I have already said quite enough to show that Medical Examining Boards conducted by the existing recognized schools, are not in keeping with the spirit and intelligence of the age, or with true medical eclecticism, and that they should cease to receive the countenance of eclectic physicians.

Are they in accord with the spirit of American freedom? Most emphatically I must answer, *No.* And when the term American freedom is used, I understand it to mean the freedom that was the dream of our forefathers when they bared their breasts to the bullets of the soldiers of George III. It is the freedom so forcibly presented in the Declaration of Independence, wherein it is declared in words that are engraved in the memories of all patriotic Americans, "that all men are created equals, that they are endowed by their Creator with certain unalienable rights; that among these are life, liberty, and the pursuit of happiness." What *one* right in all the unwritten catalogue of human rights can be of greater moment than that of a person groaning under

the weight of disease, to choose for himself the one who shall lift off that burden? The Grand Old Man of England, William E. Gladstone, living in the atmosphere of liberal monarchy, has said—"A man ought to be as free to select his physician as his blacksmith." What shall be said in a republic of statutes which prevent any person from choosing the medical counselor in whom he has confidence? What shall be said of Medical Boards which only license to practice those who use medicine alone for the restoration of the sick, when there are thousands of freeborn intelligent American citizens who do not believe in medicine at all, and yet who are forbidden by law to employ those hygienic experts in whom they may have implicit confidence? What can be said of Medical Boards which prevent a sick man from taking his own family physician with him into a neighboring state with the view of continuing under the watchful care of one thoroughly acquainted with his constitution and its diseased tendencies? What shall be said of Medical Boards which impertinently intrude when physician and patient casually meet at the seaside, or other summer resort, outside of the legal circuit of the former, and make him a law-breaker and a possible victim to heavy penalties, if he prescribes for his patient? What defense can be made of Medical Boards and measures which interfere with a physician of one state practicing physic in another state, when the organic law of the land provides that "the citizen in each state shall be entitled to all the privileges and immunities of citizens in the several states," as clearly laid down in Article IV, Section II, of the Constitution of the United States, and as provided in Section I, of Article XIV, which distinctly says, "No state shall make or enforce any law which shall abridge the privileges or immunities of the citizens of the United States." Suppose, for instance, an invalid in Illinois consults and employs a specialist in the State of New York to treat his case. A contract virtually exists between these two parties, and still, if the New York physician visits and prescribes for his Illinois patient, entering that state for the purpose, he may be arrested and fined, while the Constitution of the United States, in Article I, Section I, distinctly provides that "no state shall pass any law impairing the obligation of contracts." Certainly if the late income tax statute can be

found to be unconstitutional on technical grounds, the state laws creating such medical regulations, and Boards for their enforcement, are antagonistic to not only the organic law of the nation, but to the spirit of its founders. It is only necessary to employ a smart lawyer in any case to sweep these statutes into the Atlantic on the one side of the continent, and into the Pacific on the other side. As remarked by Dr. Foote, Jr., in the *Health Monthly:* "With the trade-union spirit which is extending among physicians, it will soon happen, unless an emphatic halt is called, that physicians of one state will not recognize any vaccinations performed in another state, and the traveler in a season of epidemic would have to meet a vaccine quarantine at the border of every state and take a new dose at every such crossing. This would be no more absurd than compelling every graduate or legal practitioner of medicine of one state to pass a new examination in every other state that he may wish to temporarily visit or settle in—a condition of affairs which now prevails pretty generally throughout the United States."

According to the *Medical Record*, the recognized old school authority in New York, if not throughout the United States, the "Medical Practice Act" has been declared unconstitutional already. The *Southern Practitioner*, as quoted by the *Record*, commenting upon the fact, says—"It has no tears to shed over this decision," and adds—"The best thing to be done is for the legislature to repeal the whole thing and get it out of the way." The *Dosimetric Medical Review*, of May of the present year, under Current Comments, says—"According to a judicial decision delivered by Judge Hazlerigg, September, 1894, Kentucky Court of Appeals, in the case of Commonwealth vs. J. W. Fowler, the medical and pharmaceutical laws are illegal, the judge holding: 'That everyone has a right to follow any innocent calling without permission from the government. He may do with his own whatsoever he pleases, so that he injures no one else.' We agree with the learned counsel that 'the doctrines of legislative permission as a condition precedent to the conduct of any useful or harmless business is grossly repugnant to those obvious principles of human right which lie at the foundation of just government among men.'

"So, then, without governmental interference or consent, the farmer may till his soil, the merchant may buy and sell, the lawyer and the doctor practice their profession, and the druggist and pharmaceutist compound their medicines; and if by reason of shysters and quacks, an injured people demand protection, or if because ill-behaved druggists, or pretended pharmaceutists debauch the public morals by dealing out intoxicating liquors and nostrums as beverages, yet the pursuit of these callings cannot be prohibited. The innocent and honest druggist cannot be restrained of his liberty by reason of the dishonest practice of others. His pursuit being of itself harmless and indeed useful, and capable of being conducted without harm to the public, cannot be prohibited, and this is true of every legitimate act going to make up and constitute his trade or profession." The *Dosimetric Review* says—"According to this decision, which seems to be sound sense if not sound law, the medical and pharmacy laws are invalid and the right to the practice of a profession is as inalienable as the right to the pursuit of happiness."

The Illinois State Board Report, in giving the medical law of Tennessee, says that it has lately been declared unconstitutional. The law, as it stands, provides that a license or a diploma of a college in good standing or after an examination by the State Board of Medical Examiners, is necessary, for the practice of medicine in that State. The laws in many States are more restrictive than they are in Tennessee, and if Tennessee laws have been declared unconstitutional in that State, what would become of the enactments of other States, if their enforcement should be contested on constitutional grounds? Some of the old school men themselves are getting quite out of patience with the restrictions which they themselves suffer. A year or two ago there came a wail from Cape May, to the *N. Y. Daily World.* The writer, an old school practitioner, discovered to his surprise that he could not treat his own patient at this popular summer resort. He was complaining of the New Jersey medical law, while his own State would not permit a New Jersey physician to attend his own patient at Saratoga Springs, or any other health resort in the Empire State. It brought to mind the fable of the bull and the ox, in which it was related that a farmer

went to a neighbor and in some ambiguous way said his bull had gored his ox. The neighbor at once insisted upon the payment of heavy damages, when the farmer surprised him by saying, "You did not understand me. Your bull has gored my ox!" New York led off in the enactment of the medical laws, and the establishment of medical boards, and it ill becomes a New York physician to complain of New Jersey, which was one of the last States to fall in line with the arbitrary movement.

Let us look at another phase of the question. A bright American farmer's boy aspires to becomes a physician. He buys from his scant allowance the necessary books and charts, and attains a fair knowledge of anatomy, physiology, chemistry, botany, and the theory and practice of medicine, in the privacy of his own room. A medical college may be many hundreds of miles beyond his reach, and many hundreds of dollars above his means, but he is studious—has a genius for the healing of the sick—and by close application acquires the requisite knowledge. He proceeds in a sparsely settled region—a farming neighborhood—where a regularly graduated physician would scorn to settle, to put in practice the elementary knowledge he has obtained. "Rob" is a bright fellow. All the scattered families in the country recognize his abilities, and if ill, go to him. He grows up with the community. In course of time he finds himself surrounded by a growing village, and he grows with its growth. What he learned in his room has ripened by experience. His practice becomes large and remunerative. He would, if he could spend the time to go to a medical college and take a degree—not for the knowledge he could obtain, but for the respectability of the thing. But he is bound down to his professional duties, and finds no period in his daily routine where he could break off and take three or four winters for the desired purpose. So he plods on. Finally the village becomes populous enough to attract a college graduate. One comes along and puts out his shingle. In deference to the esteem in which Dr. Rob is held, he coolly bows to him in passing, and affects to be unmoved by jealousy, but, by and by there are professional collisions when the popularity and medical success of the town's favorite crop out greatly to the disadvantage of the

new man with the first-class diploma. He gets indignant, and there is one way he can completely floor his antagonist. He complains of him as a violator of the medical laws. Under these statutes his successful competitor can be suppressed, and he is suppressed. Now, who will say that it is not a shameful disregard of the spirit of American freedom that such an outrage could under our laws be enacted? These are not only the actual outrages of the past, but they are the possible hardships of the present and future. There are in every State of the Union just such sparsely settled regions at this moment, and just such studious capable young men, filling a want in such communities, and they are standing on ground which may at any time be taken from under their feet by the new fledglings of some medical college. Even in the old Commonwealth of Massachusetts, we have the testimony of the Hon. Geo. M. Stearns, that in many towns no doctor resides. "In the little town in which I spent the first seventeen years of my life," he says, "no doctor lives. In the town beyond, no doctor is to be found; and yet," adds Mr. Stearns, "no woman there can practice mid-wifery, can assist her sister or neighbor in the trying hour of her travail, unless she has been licensed by the State Board of Health, or passed an examination before one of the three great Boards, and paid a license fee;" and he justly exclaims, "What a downright shame! What a villainous trampling upon the rights of all! What an absurd thing in practice, and what an absurd thing in theory!" Nevertheless, just such outrages are being perpetrated at this very moment. As for the past, the older men of the profession are familiar with the wrongs inflicted upon the pioneer reformers in medicine. Listen to the testimony of our venerable secretary. "These laws," he says, "were enforced in the same spirit of malice and cupidity which inspired the procuring of their enactment." 'Collect all the facts you may,' said the veteran E. J. Mattock, of Troy, 'and still you will be unable to give but a tithe of the malicious persecutions, and in some cases imprisonment, those early pioneers had to suffer in consequence of their faith and practice. Such men as Wooster Beach, Elisha Smith, Samuel Thomson, Thomas Lapham, Cyrus Thompson, Ira Wood, A. M. Burton, S. W. Frisbie, Abiel Gardner, H. M. Sweet, J. Wesley Johnson, and a host of others, could their voices

be heard, would confirm my statement.' Such," says Dr. Wilder, "has been medical history through the centuries, from Galen down to the present time, alike in imperial Rome, modern Europe, and in republican America."

The tendency of the times is to make the medical profession in this country one that can only be aspired to and attained by the favored children of affluence. In many European countries, under medical laws, a medical education is so expensive in both time and money, that only the children of the wealthy can become physicians, and England is overrun with incompetent men who can answer all the questions in the text-books, and pass a first-class examination without possessing the least capacity for successfully prescribing for disease. When in London, in 1879, it was suggested to me that I open a branch office in that city, one of the inducements being that I could hire a legally recognized practitioner for only about $12 per week. A recent article by Dr. Geo. F. Shrady, about the earnings of physicians in England, revealed the fact that positions in hospitals at $500 per year are eagerly sought. The article from which this information is derived, says: "Only thoroughly qualified physicians or surgeons could secure the positions described," meaning doubtless those who can pass examination, "and each of them would find many competitors eager to do the work even at these unremunerative rates. A first-class medical education," continued Dr. Shrady, "cannot be received in Great Britain save at a great outlay of money. After graduation, the young practitioner must serve a long term in a sort of apprenticeship, not only without pay, but secured by the deposit of a heavy premium." The learned professions in England are aristocratic avocations which only people of means can attain; and, as a consequence, they are crowded with the ambitious and often incompetent offshoots of the nobility, who are not dependent upon what they earn. They feel well paid when they can have the honor of being recognized as M. D.'s, D. D.'s, and LL.D.'s. They would be crowded out of the medical profession if the less-favored children of the common people with real genius could compete with them, and under such a regime the sick would be better cared for. Indeed, the real reason that the medical profession is no more remunerative in England, is that the pampered children of the

rich, who have had the advantages of a lengthy college course, are not brought face to face in competition with the virile yeomanry gifted with native intelligence and with natural endowments for the practice of the healing art. A person of weak intellect can, by a persistent course of tuition, be brought to answer text book questions, and yet possess no ability whatever as a practitioner of medicine. Memory may be a marked faculty in one who has little or no judgment, while having no ingenuity whatever. Such a person can learn, parrot-like, anything that is placed before him; but what is he worth when he is brought to the bedside of a patient? In this fact we discover how it is that so many lacking the least capacity for diagnosis or prescribing for disease, manage to slip through our medical examining boards, thus succeeding in registering as physicians when many far superior to them in judgment, in native ability, and in real equipment for the practice of medicine, are ruled out. It is manifestly the reason that the children of the affluent in England crowd the professions, to the exclusion of worthier people, causing the practice of medicine in Great Britain to be a non-remunerative avocation filled by the gentry rather than by those among whom might be found the children of genius and penury, who have reputation and success to achieve in a competitive community. Do we want that condition of things to obtain here in this so-called land of opportunity and freedom? No! No! No! with the emphasis of an artisan's sledge hammer rather than the feeble gesture of an attenuated, unused hand. It is a kind of paternalism which should be quite foreign to our soil. Just as a father spurns the idea of consulting his children upon the rules to be established in the household, the medical boards ignore the claims of the people in regard to the rules they lay down for the licensing of physicians to prescribe for the ills of humanity. The people have never asked these boards to give them protection. They have never applied to the state for the statutes under which they paternally and infernally act. It is a noteworthy fact that the doctors, whose selfish purposes have been served thereby are the ones who have been instrumental in creating these boards, while the people they would compel to receive alleged benefit are opposed to them. In legislative committees, where medical bills creating them were first heard, the

doctors were present to urge their passage, and the people were there to manifest their opposition. Remonstrances were offered in vain by the people, but the regulars, with their long purses, have won every time. In New York, in 1844, the people exhibited their opposition to medical restrictions with petitions of enormous length containing the names of their most intelligent citizens, and then all medical laws were swept from the statutes of the state of New York. In 1874, after a long period of freedom, the doctors got in their selfish work again in our state, and medical laws became infectious. They have spread nearly all over our once happy land. In meeting the enemies of medical freedom in the State-house at Boston, the Rev. Minot J. Savage said: "It seems to me that it is one of the fundamental principles of our American government and our American citizenship that people shall be treated as responsible beings, capable of looking out for themselves in this matter, as well as in all others, until the contrary has been proven, and when the contrary is proven, put them in an asylum or other place for public safety." He added: "I have a right to do as I please in every department of human thought, speech, and conduct, until the time comes when the exercise of this right encroaches on the equal right of some other person. There is a fundamental principle on which our republic rests."

One other phase of the subject and I am done. Does such a system of medical laws and medical boards as now exists in nearly all the states, partake of mediæval ecclesiasticism? I dropped a line to our worthy secretary, Professor Wilder, asking him what he thought about it, knowing he was better versed than I in ecclesiastical lore and the religious usages of the remote past. I cannot do better than to append his reply.

"Mediæval ecclesiasticism in Europe was based upon the concept that the church, by which term is denoted the prelates and priesthood, is infallible, its authority divine and absolute, and any denial of it a mortal sin. It is universal, therefore there may be no other church besides. Its laws and requirements are to be obeyed unquestioning; and it is sole arbiter of conscience. To differ from it is heresy, a word which in plain English means sectarianism. It claims pre-eminence as being the oldest, the

first recipient of the Holy Ghost; and to have a regular episcopal succession from the Apostle Peter to Leo XIII."

"You will readily perceive," remarks my correspondent, "that this is in perfect accord with the assumption of old school medicine. The first of its assumptions which ought to be enough to convince everybody that only physicians in fellowship and recognized by the old school authorities are members of the medical profession. No eclectic, no homœopathist, is ever meant when the terms physician and medical profession are used. They are laymen pure and simple, as much so as a Baptist or Presbyterian is in the view of a Romanist.

"At the late Ecumenical Council, a speaker wishing to enforce a statement, cited a Protestant writer, but was instantly silenced by the presiding officer, because it was not allowed to speak favorably of a Protestant. In the same way it has been the practice to ignore every medicine and every author appertaining to the eclectics, even to punish physicians who accepted suggestions favorably from eclectics. Even now, when drugs are transferred from the eclectic pharmacopœias to the old school list of officinal preparations, care is taken to indicate some old school man as having 'introduced it to the profession.' There are two or three men now at work winning fame in this way with the bar sinister.

"When, in 1845, the bill to incorporate the Eclectic Medical Institute was under consideration in the Senate of Ohio, Dr. O'Ferrall, chairman of the Medical Committee, made this statement as expressing the sentiment of the 'profession:'

"Medical science does not need, nor is it susceptible of further improvement or reform."

"In those days," resumes Dr. Wilder, "it was the rule to accept no student whose preceptor was not in full fellowship with the old school; to graduate no student however proficient, if he did not concur in sentiment with the old school; and to compel every graduate to promise or swear that if he ceased to practice medicine as was laid down by standard authorities, to surrender his diploma or consent to its annulling.

"Thus, in ecclesiastical language, he was an excommunicate, accursed, delivered over to the buffetings of Satan, and it was

made infamous for any to hold friendly intercourse with him, or to render to him the common offices of humanity.

"In short there is not a solitary claim or pretension of supremacy, or infallibility put forth by the Roman church which is not clearly copied by this self-styled 'regular medicine." One is as greedy as the other, claiming supreme right where distinction or money is concerned. Both change like the kaleidoscope, yet both deny ever reforming or needing to reform. They burn alike with a mad lust of power, and are insane in their wrath against whatever intervenes.

"When Christendom became a recognized power in Europe, all the physicians were Benedictine monks. So it continued through the centuries. Linaker, whom Henry VIII employed for his physician, was a monk, and died in priest's orders. Till the convents were suppressed, resort was had to them for leeches and medicaments. Valentin, the introducer of antimony, Berenger de Caspi, the father of mercurial treatment, were monks.

"It may be making a somewhat unhallowed statement, but I see much propriety in imputing the sacred and sacerdotal character of the apocalypse to the medical bigots, usually applied to the ecclesiastical.

"'I saw a beast rise up out of the (Mediterranean) sea, having seven heads, ten horns, and upon his horns ten crowns, and upon his heads the names of blasphemy. And the beast was like a leopard, and his feet were as the feet of a bear, and his mouth as the mouth of a lion.

"'And the dragon gave him his power, and throne and great authority. * * *

"'And all that dwell upon the earth shall worship him whose names are not written in the Book of Life. * * *

"'And I beheld another beast coming out of the earth; and he had two horns as the lamb, and he spoke as the dragon. And he exerciseth all the power of the First Beast in his presence, and causeth the earth and them that dwell therein to worship the First Beast.

"'And he deceiveth them that dwell on the earth by the miracles which he hath power to do in the presence of the Beast. * * *

"'And he caused all, both small and great, rich and poor, free and bond, to receive a mark in their right hand and on their foreheads.

"'And that no man might buy or sell, save he that had the mark or the name of the Beast, or the number of his name.'

"This," remarks our learned friend and coadjutor, "applies pretty well to medical legislation and to medical pretension. The garments of the priests have been dyed over and polished over for the physician; and the same deference is demanded of the doctor now that used to be asked for the priest. It is as much a duty now to protest and resist doctorcraft at it ever was to oppose priestcraft; and eternal justice is alike against them both."

In conclusion I will repeat what I said at the twenty-sixth annual meeting of the Eclectic Society of the State of New York, in 1886. The subject of medical legislation was under discussion, upon which occasion I gave utterance to a statement which may with great appropriateness find place here. Eclecticism, I asserted, is as much of a protest in the field of medicine as was Luther's Reformation in the domain of religion. We are protestants against the old dogmas of medicine, just as the disciples of Luther were protestants against the dogmas of the Papal church. Medical protestants came up spontaneously from the people, and in time were rallied together and organized under able leaders into associations which are now known as auxiliary, state and national bodies; and herein our medical protestantism differs from religious protestanism, for in the latter, the leader came first, and the people rallied to his standard. Eclecticism is, therefore, a protest against the old methods of practice, and is the direct outgrowth of the people, and we may say, of the common people. Now, shall not our protest still be heard against all arbitrary rules which would inevitably throw obstacles in the way of medical progress? Are we to stack our arms while the enemy of medical progress is even more formidable and active than ever, or shall we as consistent eclectics who have arisen from the people, keep on our armor and fight the battles of medical freedom with the fearlessness and persistent energy that characterized the brave and noble founders of our school.

National Eclectic Medical Association.

1896.

LIST OF MEMBERS.

[This roll has been duly revised from the latest information in the possession of the Secretary. If any here omitted do not receive the *Transactions* it will be for this reason, or because of the Constitutional inhibition—*By-Laws*, Article II., Section 4. The President and former Presidents are named in SMALL CAPITALS; Honorary Members in *italics;* members exempted from the payment of annual dues by the letters *ex.*]

		Year.
Abbott, Fred'k Wallace	72 Broadway, Taunton, Mass	1890
Acomb, James L	Tidioute, Warren Co., Penn	1893
Adams, William L	Hazardville, Conn	1874
Aldrich, John O	Bath, Steuben Co., N. Y	1890
Alexander, John H	Mukwonago, Wis	1877
Allen, N. L	Boston, Mass	1895
Anderson, Manton E	716 Main st., Buffalo, N. Y	1892
Bailey, Leonard	Middletown, Conn	1882
Baird, John P	Greenville, Hunt Co., Texas	1891
BAKER, VINCENT ALEX	Adrian, Michigan	1870
Bangert, John R	Shippenville, Clarion Co., Penn	1894
Barber, Martin N	Watertown, Wis	1889
Baurichter, Charles H	1014 Brooklyn st, St. Louis, Mo	1885
Beem, Elmer C	Oscoda, Iosco Co., Mich	1885
Belknap, Milton C	Mayville, Chautauqua Co., N. Y	1890
Bell, George W	Okmulgee, Choctaw Nation, I. T	1892
Bell, William	Smyrna, Ionia Co., Mich	1894

Bentley, Jesse E.....Knoxville, Tenn.....1894
Biggers, Stephen T., ex...Atlanta, Ga.....1884
Blackman, Edson..... ...Quincy, Branch Co., Mich.....1876
Blaich, J. E.....St. Louis, Mo.....1895
BLOYER, WILLIAM E.....1526 Elm st., Cincinnati, Ohio.....1887
Borland, J. R.....Franklin, Penn.....1892
Boskowitz, G. W.....40 East 41st st., New York, N.Y...1882
Branch, Lyman T.....Sechlerville, Jackson Co., Wis.....1885
Brockman, H. H.....Eldon, Miller Co., Mo.....1895
Brockway, Theodore.....5 Federal st., Youngstown, Ohio...1882
Brooks, Frank.....Gottstein Block, Seattle, Wash.....1891
Brooks, William W.....Stanberry, Gentry Co., Mo.....1891
Brothers, Isaiah.....620 W. Federal st., Youngstown, O.1882
Brown, G. W.....Newport, Ky.....1895
Browne, Samuel C.....Mill City, Ore.....1892
Browning, Robert L.....Judsonia, White Co., Ark.....1893
Bronson, Eugene E.....Ganges, Allegan Co., Mich.....1892
Bryan, Robert C.....Kathleen, Houston Co., Ga.....1886
Buchanan, James.....Yanktown, S. D.....1892
Buckland, Wallace O.....1370 Franklin st., Oakland, Cal...1892
Bucklyn, Frank Abbott...Box 383, Mystic, Conn.....1894
Buecking, Edward F.....806 Champlain Bldg., Chicago, Ill.1890
Burlington, James C.....Attica, Fountain Co., Ind.....1885
Burroughs, Geo. Mc.....Bridgeport, Conn.....1895
Busby, Isaac N.....Brooklyn, Poweschieck Co., Iowa..1889
Butcher, John C.....Urbana, Ohio 1878

Caiger, Albert E.....426 Columbus ave., Boston, Mass..1894
Camfield, Bradford A.....163 State st., Chicago, Ill.....1893
Campbell, James H.....Allen's Grove, Walworth Co., Wis..1887
Canfield, Moses S.....Frankfort, Clinton Co , Ind.....1892
Carpenter, Thomas B.....660 Main st., Buffalo, N. Y.....1892
Carriker, Malachi A.....Nebraska City, Neb.....1892
Carter, Edwin H.....407 W. Walnut st., Des Moines, Ia..1890
Carter, William H.....Altoona, Madison Co., Iowa.....1892
Case, E. W.....Mystic, Conn.....1895
Chaffee, A. H.....Breckinridge, Mo.....1892
Chapman, L. H.....Lorimer, Union Co., Iowa 1892
Chase, Reuben L.....Bothell, King Co., Wash.....1892

Cherurg, Leon.....52 Eldredge st., Brooklyn, N. Y...1892
Church, Eloise Irene.....41 W. 94th st., New York, N. Y...1887
CLARK, ANSON L.....Elgin, Ill.....1870
Clark, Byron .....Laboratory, Washington Co., Penn.1882
Clay, Mark T.....Union City, Mich.....1887
Cleland, Thomas.....26 Edgecomb ave., New York, N.Y.1882
Coffin, Orlando S.....Carthage, Rush Co., Ind.....1894
Cole, Charles E.....Prairie du Chien, Wis.....1893
Cole, Edgar .....Holmesville, Ohio 1894
Conaway, Charles D.....Brooklyn, Poweschieck Co., Iowa..1884
Coney, William H.....Yankton, S. D.....1891
Converse, F. B.....Westford, Conn.....1895
Converse, Harvey H.....Eastford, Conn.....1888
Cooper, John .....Masonic Temple, Des Moines, Ia...1886
Cosford, John W.....Mancelona, Antrim Co., Mich.....1888
Cosford, Mary V.....Mancelona, Antrim Co., Mich.....1888
COVERT, GEORGE.....Clinton, Wis.....1879
Covey, C. Edson .....Port Huron, Mich..... ...1891
Crane, O. P.....Akin, N. Y.....1895
Crawford, William J.....128 W. Washington, Jackson, Mich..1888
Crismore, James M.....Helena, Sandusky Co., Ohio.....1884
Crismore, W. E.....Helena, Sandusky Co., Ohio 1895
Crum, Josephus D.....Owasso, Shiawassee Co., Mich.....1887
Currie, A. J.....219 Onslow Drive, Dennistown,
Glasgow, Scotland.....1895
CURRYER, WILLIAM F.....40 N. Ohio st., Indianapolis, Ind..1878
Curry, H. E.....Baker City, Ore.....1895

Dale, George .....Iola, Waupacea Co., Wis.....1875
Daniel, Marquis E.....Honey Grove, Fannin Co., Texas..1890
Darrin, Sidney J.....Tacoma, Wyo.....1890
Davidson, Alexander W...Poplar Bluff, Butler Co., Mo.....1890
Davis, Elijah F.....492 Pearl st., Cleveland, O.....1890
Davison, Asa Lee.....Mt. Pleasant, San Pete Co., Utah..1893
Day, George H.....Monroe, Orange Co., N.Y.....1890
De Crow, Herbert.....Newark, Licking Co., Ohio.....1893
Delbridge, George W.....95½ Peachtree st., Atlanta, Ga.....1886
Dobson, Joseph.....Bethel, Conn.....1892
Doty, Mrs. Pauline W.....209 W. 44th st., New York, N. Y..1892

Douglass, David D.....Port Leyden, Lewis Co., N. Y.....1884
Dowdell, Charles.....Ennis, Ellis Co., Texas.....1891
Downey, Edward L.....Middleport, Niagara Co., N.Y.....1890
Drossner, Morris .....566 Bergen ave., Jersey City, N. J..1894
DUNCAN, JOSEPH R , ex....224 S. Washington st., Crawfordsville, Ind.....1870
Dunlop, Clark W.....12 Washington Pl., New York, N.Y.1882
Durham, A. B.....95½ Peachtree st., Atlanta, Ga.....1895
DURHAM, WILLIAM M.....95½ Peachtree st., Atlanta, Ga.....1882
Dwyer, Charles S.....Springfield, Bradford Co., Penn...1894

Eades, Erastus E.....Oakland City, Gibson Co , Ind.....1892
Ellingwood, Finley.....103 State st , Chicago, Ill.....1887
Elmendorf, William F....716 Main st., Buffalo, N. Y.....1892
Evarts, Henry P.....Evarts, Mich.....1893
Ewing, Cicero M.....Tyrone, Blair Co., Penn.....1883

Faber, George A.....69 Bank st , Waterbury, Conn.....1888
Farnum, Edward J.....103 State st., Chicago, Ill.....1889
Fearn, John.....Washington st., Oakland, Cal.....1888
Fisher, Samuel B.....Rossville, Christian Co., Ind.....1878
Fitch, Charles W.....151 Fairfield av., Bridgeport, Conn.1893
Fleming, Nancy A.....514 Chestnut st., Des Moines, Ia....1893
Foltz, Kent O.....181 South Howard st., Akron, O...1887
Foltz, William K.....181 South Howard st., Akron, O....1888
Foote, Edward B.....120 Lexington ave., New York.....1873
Fossett, Algernon.....110 North st., Portland, Maine.....1884
Foster, Francis Vernon...Scottsburg, Livingston Co., N. Y..1894
Foster, Martin D.....Olney, Ill.....1889
Foster, Samuel Gates.....Franklin, Venango Co., Penn.....1894
Francis, C. H.....Lake Forest, Ill.....1895
Freeman, Edwin.....McMillan st., Walnut Hills, Cincinnati, O.....1894
Freund, Alexander L.....332 Wells st., Chicago, Ill.....1892
Fuller, George T.....Lowes, Graves Co., Ky.....1892
Furber, Jas. Loring.....735 Kansas ave., Topeka, Kan.....1880
Gabel, Henry G.....294 Fox st., Aurora, Ill.....1887
Gadd, Benjamin T.....Mitchellville, Polk Co., Iowa.....1892
Garth, Thomas.....Clarion, Wright Co., Iowa.....1884
Gaston, William.....Good Hope, Harrison Co., W. Va..1894

Gauvreau, Edward T.....Superior, Douglas Co., Wis.....1887
Gazlay, Henry C.....Cortland, N. Y.....1889
Geddes, Peter S. W.....Winchendon, Mass.....1892
GEMMILL, WILLIAM T.....Forest, Hardin Co., Ohio.....1879
Gibbs, Mrs. Charlotte A....Shrewsbury Park, Mo.....1887
Goetchius, Louis O.....Saratoga Springs, N. Y.....1885
Goodenough, Josephus.....Clarkston, Oakland Co., Mich.....1880
Goss, Isham J. M., ex.....Marietta, Ga.....1884
Graham, William B.....Wellsville, Franklin Co., Kas.....1884
Green, Henry H.....30½ Marietta st., Atlanta, Ga.....1874
GREEN, MILBREY.....567 Columbus ave., Boston, Mass..1874
Greenleaf, Carlos T.....Brewerton, Onondaga Co., N. Y....1882
Gress, P. C.....Atchison, Kan.....1895
Gridley, F. D.....Binghampton, N. Y.....1895
Gunn, Mrs. Huldah T.....151 W. 82d st., New York, N. Y...1889

Halbert, T. E.....Nashville, Tenn.....1895
Halbert, Pleasant W.....Cyruston, Tenn.....1889
Halbert, Wm. H.....corner Carroll and University sts., Nashville, Tenn.....1886
Hamilton, William C.....528 Quincy st., Topeka, Kan.....1890
Hamlin, Montgomery M..Gray's Summit, Franklin Co., Mo..1886
Hampton, H. H.....Five Forks, Ga.....1895
Hampton, Hiram J.....3 Park st., Danielsville, Ga.....1884
Harshberger, W. Frank...Box 95, New Albany, Bradford Co., Penn.....1883
Hartley, Charles A.....14 South Cherry st., Troy, O.....1885
Harvey, Welch R.....Dana, La Salle Co., Ill.....1892
Hatfield, Franklin P.....Grenola, Elk Co, Kan.....1891
Hathcock, Giles.....Bellton, Hall Co., Ga.....1892
Hauss, Augustus P.....E. Market and 14th sts., New Albany, Ind.....1891
Hawley, William H.... ...Penn Yan, Yates Co., N. Y.....1878
Hayden, William R.....Bedford Springs, Mass.....1870
Hayes, F. Mason.....688 Main st.,Buffalo., N. Y.....1891
Hayward, Mrs. Mary A...556 Carlton ave,, Brooklyn, N. Y..1888
Hazen, John H.....Demseytown, Venango Co., Penn..1884
Heacker, William J.....Bean's Station, Grainger Co.,Tenn.1889
Henderson, Henry L.....La Grande, Ore.....1890
Henry, Meredith W., ex..Waelder, Gonzales Co., Texas.....1885

Hensley, G. B .....Chester, Meigs Co., Ohio.....1892
Hensley, James L.....412 Cherry st., Marion, Ohio.....1892
Hensley, James M.....Alfred, Meigs Co., Ohio.....1892
Hewitt, George D.....Carthage, Jefferson Co., N. Y 1880
Hildreth, Henry A.....Bethlehem, N. H.....1876
Hill, George R.....Kendall, Monroe Co. Wis.....1891
Hinds, Mrs. Harriet C.....77 N. Grove st., East Orange, N. J..1889
Hipp. Wm. Harrison.....4453 State st., Chicago, Ill.....1893
Hirsch, Robert S.....Greshom, York Co , Neb.....1882
Hite, George M.....610 Monroe st., Nashville, Tenn...1889
Hodge, Thomas S.....Torrington, Conn.....1892
Hogan, Sarah J.....2514 Calumet ave., Chicago, Ill.....1893
Hole, James M.....Salem, Columbiana Co., Ohio.....1878
Holmes, William N..... Milan, Gibson Co., Tenn.....1889
Homsher, George W.....Box 95, Camden, Preble Co., Ohio..1884
Hoover, Eli M.....Halstead, Harvey Co., Kas.....1890
House, Jacob C.....Seattle, Wash.....1891
Howes, P. E.....Boston, Mass.....1895
Hubbard, B. R.....Sandusky, Ohio.....1895
Hubert, J. Frank.....6859 Halstead st., Chicago, Ill.....1893
Hunt, A. L.....Springwater, N. Y.....1895
Hunt, Frank O.....Fall River, Wis.....1895
Hurst, George W.....Dorset, Ashtabula Co., Ohio.....1888
Hyde, George W.....Clinton, Dewitt Co., Ill.....1881

Ingham, Henry.....Bellows' Falls, Ver.....1886
Irwin, John L.....Olivet, Pierce Co., Wis.....1887

Janes, C. A.....131 Kent st., Rochester, N. Y.....1895
Jewett, Amory.....Barnard, Ver.....1881
Jewett, Nathaniel .....Ashburnham, Mass.....1871
Johnson, George W.....104½ E. Houston st , San Antonio, Texas.....1891
Johnson, John G., ex.....Wellfleet Mass.....1881
Johnson, J. R.....Cotton Gin, Freestone Co., Texas..1891
Johnson, William W.....Eureka Springs, Carroll Co., Ark...1892
Jones, William.....Newburgh, N. Y.....1870
Judd, William H.....Janesville, Rock Co , Wis.....1888
Jurgenson, B. G.....Manawa, Wis.....1895

Kaufman, Mrs. Anna G....216 E. Lincoln ave., Goshen, Ind..1891
King, George W.....King's Station, Saratoga Co., N. Y..1893
Kinnett, William E.....Yorkville, Kendall Co., Ill.....1887
Kirk, Miles A.....Bellefonte, Centre Co., Penn.....1893
Kirkpatrick, George.....Box 347, La Harpe, Hancock Co., Illinois.....1870
Kirk, Thos.....Burr Oak, Kansas.....1895
Klahr, Frank P.....Horicon, Dodge Co., Wis.....1892
Kughler, George D.....Greenville, Mercer Co., Penn.....1879

Laflin, Harvey B.....107 North 4th St., La Crosse, Wis...1880
Lake, Samuel K.....328 Penn. ave., Pittsburgh, Penn..1894
Lakin, Charles.....58 London Road, Leicester, England.....1890
LATTA, WILLIAM S.....239 South 11th st., Lincoln, Neb...1878
Laws, Leonard B.....Stanford, Texas Co., Mo.....1889
Leming, Elijah.....Dardanelle, Yell Co., Ark.....1889
Lewis, John V.....Alliance, Ohio.....1878
Linquist, Maurice F.....New Haven, Conn.....1872
Linsley, Charles C.....Allegan, Mich.....1881
Lock, Frederick J.....Newport, Ky.....1874
Loggan, Robert O.....Philomath, Benton Co., Ore..... 1891
Long, Henry.....Hotel English, Indianapolis, Ind..1874
Loomis, John.....49 East Market st., Jeffersonville, Indiana.....1887
Loomis, W. F.....Shannon City, Union Co., Iowa...1891
Louther, James M.....Somerset, Penn.....1890
Lovett, Jay A.....Vickeryville, Montcalm Co., Mich..1892
Low, Mrs. Phebe.....Liberty, Sullivan Co., N. Y.....1890
Ludington, Linus S., ex..195 Arch st., New Britain, Conn..1881
Lynch, Mrs. Jennie L.....Liberty, Sullivan Co., N. Y.....1894

McCann, Joseph D.....Monticello, White Co., Ind.....1892
McClellan, Isadore A.....178 W. Christopher st., Buffalo, New York.....1893
McConnell, G. W.....Newberg, Ore.....1895
McCroskey, James A.....Otley, Marion Co., Iowa.....1891
McCurdy, Columbus.....Vermont, Fulton Co., Ill.....1892
McKee, David B.....Hutchinson, Reno Co., Kan.....1881
McKlveen, J. A.....Chariton, Lucas Co., Ia.....1870
McMillan, Bishop.....Columbus, Ohio.....1895

Maclean, Daniel.....6 Eddy st., San Francisco, Cal.....1891
Marks, Warren L.....641 South Division st., Grand Rapids, Mich.....1890
Marsh, R.....Springfield, Mo.....1895
McLeod, William O.....Los Angeles, Cal.....1889
McMurtrey, Alexander T..Sargent, Mo.....1891
McMurtrey, Jasper N.....Salem, Dent Co., Mo.....1892
Madsen, Mary M.....96 Mississippi st., Indianapolis, Ind.....1891
Marshall, Sarah A.....Elgin, Ill.....1892
Martin, Noah R.....122 Washington st., Newark, N. J..1871
Mathews, Alexander L...Calloway, Custer Co., Neb.....1893
Mattox, L. C.....Homerville, Clinch Co., Ga.....1891
Merrell, Albert.....3814 Washington Boulevard, St. Louis, Mo.....1875
Mershon, James W.....601 W. Walnut st., Des Moines, Ia..1892
Messinger, Edwin D.....8 Central Music Hall, Chicago, Ill..1892
Michener, Homer.....Halsey, Linn Co., Ore.....1891
Migrath, John W.....125 Cotton ave., Macon, Ga.....1887
MILES, C. EDWIN.....126 Warren st., Boston, Mass.....1871
Miles, Timothy W.....Corner 17th and Stout sts., Denver, Colo.....1883
Miller, Hiram G.....La Crosse, Wis.....1884
Miner, Clark A.....Janesville, Wis..... 1894
Minkler, Burr C.....610 E. Walnut st., Des Moines, Ia..1892
Monroe, James A.....W. Alexander, Washington Co., Penn.....1890
Moore, Edwin S.....Bay Shore, Suffolk Co., N. Y.....1879
Moore, R Malachi.....Walesca, Cherokee Co., Ga.....1886
Mosely, A. D.....McKinney, Collin Co., Tex.....1892
Moxley, D. N.....New Providence, Ala.....1892
Mulligan, Thomas.....126 Camp st., New Britain, Conn..1888
Mundy, William N. .....Forest, Ohio.....1888
MUNN, STEPHEN B .....35 Leavenworth st., Waterbury, Conn.....1870
Musick, Lewis E.....Mountain Grove, Wright Co., Mo..1890
Nicolay William J.....Minier, Tazwell Co., Ill.....1883
Nifer, Frank J.....Brimfield, Noble Co., Ind.....1888
Niles, Augustus.....Wellsboro, Tioga Co., Penn.....1893

Nims, William W.....47 E. Genesee st., Syracuse, N. Y..1883
Nivison, Anna T.....5 N. 11th st., Newark, N. J.....1891
Nolan, John P.....41 Charlton st., New York, N. Y...1889

O'Neal, L. P.....Mechanicsburg, Penn.....1895
Osborn, J. W.....Dyerville, Iowa.....1895
Outwater, Mrs Eva J. B....Bronson, Aldrich Co., Mich.....1884
Owens, William D.....Yankton, S. Dak.....1892

Packer, Edwin B.....Osage City, Kan.....1889
Padotzcki, Mary E.....Finley Park, Ill.....1889
Park, Mrs. Annie E.....517 W. 23d st., New York, N. Y...1881
Park, James M.....Little Rock, Ark.....1884
Patterson, W. Mark.....Fremont, Wash.....1891
Pease, Byron W.....Thomaston, Conn.....1882
Peebles, James M.....San Diego, Cal.....1887
Perrins, John.....471 Columbus av., Boston, Mass...1874
Perrins, William A.....1451 Tremont st., Boston, Mass...1883
Phillips, Crawford E.....Wilton, Monroe Co , Wis.....1886
Pickerill, C. W.....Keystone, Benton Co., Iowa.....1893
Pomeroy, T. W .....New York City, N. Y.....1895
Pond, Frederick L.....Aurora, Ill.....1880
Poore, Lorenzo D. F.....Yankton, S. Dak.....1891
Porter, Abraham W.....Loogootee, Martin Co., Ind.....1890
Potter, Geo. Edward.....122 Washington st., Newark, N. J..1879
Powell, Fielding T.....58½ Peachtree st., Atlanta, Ga.....1886
Powers, Everett.....Monett, Barry Co., Mo.....1892
Pratt, Perry K.....Naperville, Dupage Co., Ill.....1893
Price, V. Clarence.....Illinois and Cass sts., Chicago, Ill...1870
Proper, James L.....Titusville, Crawford Co., Penn.....1890
Pruitt, John W.....Russellville, Pope Co., Ark.....1881
Putt, William T.....Oswego, Ill.....1893

Quigg, C. E,.....Tomah, Wis.....1895
Quincy, William C.....Ind. 1892

Randolph, Mrs. Laura L...4154 Cottage Grove ave., Chicago, Ill.....1889
Rees, Daniel B.....422 E. 6th st., Des Moines, Iowa...1885
Reid, James A.....306 Brady st., Davenport, Iowa.....1880
Reid, Robert A.....Newton, Mass.....1882
Reinhardt, George A.....786 West ave., Buffalo, N. Y.....1890

Rice, F. A.....Hebron, Wis.....1895
Richter, Augustus F.....312 Maple st., Bridgeport, Conn...1894
Riggs, Leroy S.....2419 Chapline St., Wheeling, W. Va.....1893
Ripley, Edwin M.....Box 320, Unionville, Conn.....1879
Rodecker, C. W.....Wonewoc, Wis.....1895
Rodermund, M. J.....Waukesha, Wis.....1890
Rogers, Elliotson H.....Bloomer, Chippewa Co., Wis.....1894
Rogers, Harvey N.....Bloomer, Wis.....1888
Rounseville, Geo. L. B.....103 State st., Chicago, Ill.....1887
Rowe, George Allan.....12 W. Mohawk st., Buffalo, N. Y..1889
RUSSELL, LORENZO E.....Springfield, Ohio.....1879

Schlarbaum, John C.....69 Nevada Block, San Francisco, California.....1891
Schussler, Walter R.....Orland. Cook Co., Ill.....1891
Scudder, John King.....1009 Plum st., Cincinnati, O.....1888
Scudder, W. Byrd.....909 Neave Bldg., Cincinnati, O.....1892
Shafer, Geo. R .....Morton, Ill.....1895
Sharp, Calvin J.....1010½ Washington st., Oakland, Cal.....1891
Shaw, John W.....Jersey, Ark.....1891
Sherman, S. M.....Columbus, Ohio.....1895
Sherrow, W. E.....Salem Centre, Steuben Co , Ind....1891
Shivery, Geo. B.....Woodland, Clearfield Co., Penn...1889
Shomber, Henry.....3113 S. 13th st., St. Louis, Mo.....1885
Simmons, Benjamin L...Granville, Jackson Co., Tenn.....1891
Simmons, Thos.....Hartford, Conn.....1895
Smiley, Martin L.....Catlettsburg, Boyd Co , Ken.....1881
Smith, A. W.....1326 W. Polk st., Chicago, Ill.....1895
Smith, Mrs. Elizabeth G...349 Broad st., Bridgeport, Conn...1883
Smith, Geo. R.....Shoreham Hotel, New York, N.Y..1891
Smith, J. D. Stevenson...67 Gilbert st., Bridgeport, Conn...1883
Smith, Lee Herbert.....224 Elmwood ave., Buffalo, N. Y...1890
Smith, William M.....Box 213 Montesano, Chehalis Co , Wash 1891
Snyder, Joseph H.....Cameron, Clinton Co., Mo.....1886
Spencer, J. R.....W. 8th st., Cincinnati, Ohio.....1895
Spencer, H.....Plainfield, Ill.....1895
Standlee, Elias L.....2201 University st., St. Louis, Mo.1891

Steere, Warren B.....609 W. Wa-hington street, Des Moines, Iowa.....1892
Stevens, John V.....100 State st, Chicago, Ill.....1886
Stevenson, Elam H.....Fort Smith, Sebastian Co., Ark...1886
Stillman, J. F.....Kilbourn City, Columbia Co., Wis..1885
Stillman, Loran A.....241 Wabash ave., Chicago, Ill.....1893
Stoller, Simon V.....Hamilton, Caldwell Co., Mo.....1885
Stout, John C.....Second and Santa Claus sts, San Jose, Cal.....1881
STRATFORD, HENRY KNOX.1007 Venetian Bldg., Chicago, Ill...1870
Stringham, Briant .....Bountiful, Davis Co., Utah 1894
Stryker, Mrs. Mary F.....361 W. 32d st., New York, N. Y...1892
Surman, James.....291½ Alder st, Portland, Ore.....1891

Tascher, John .....518 W. Chicago ave., Chicago, Ill..1887
Taylor, Jabez W.....113 East Seventh st., Salt Lake, Utah.....1892
Teeters, Sidney C. .....Washington Court House, Ohio...1888
Thoman, E. Alonzo.....Bucyrus, Ohio.....1888
Thomas, Davis J.....Floydada, Floyd Co., Texas.....1886
Thomas, Rolla L.....567 McMillan st., Cincinnati, Ohio.1893
Thornton, Francis E.....538 W. Belmont ave., Chicago. Ill.1888
Thornton, John A.....Correctionville, Woodbury Co., Iowa.....1886
Tilden, John H.....cor. 6th and Stout sts, Denver, Col 1886
Tittle, Daniel J .....Pecatonica, Winnebago Co., Ill.....1887
Tucker, Henry S.....126 State st., Chicago, Ill.....1886
Turner, David J.....Cheney, Spokane Co., Washington.1891
Turner, William S.....Waynesfield, Auglaize Co., Ohio...1893
Tuttle, William L.....120 E. 126th st., New York, N.Y..1882

Van Riper, Jeremiah A...Shaftsburg, Shiwassee Co., Mich...1892
Van Sandt, N. L.....Clarinda, Page Co., Iowa.....1885
Verbeck, Margaret .....1319 Old Manchester Road, St. Louis, Mo.....1892
Verbeck, Scott F.....126 State st., Chicago, Ill.....1890
VonLackum, Hermann J..Dysart, Tama Co., Iowa 1887
Waller, William D.....Columbia, Conn.....1882
Wares, Abel.....Haverhill, Mass.....1874
Warrick, F. E. J.....Yankton, S. D.....1892
Waterbury, D. Newell .....609 E. Locust st., Des Moines, Iowa.1888

Waterhouse, Eugene R....1018 Carondolet st., St. Louis Mo..1890
Watson, James L.....257 Schermerhorn st., Brooklyn, N. Y.....1892
Webster, Herbert T.....1065 Washington st., Oakland, Cal.1888
West, George M.....Southbridge, Mass.....1871
West, Henry D.....Irving, Marshall Co., Kan.....1892
Wetmore, Nelson F.....North Freedom, Sauk Co., Wis.....1889
White, Mrs. Miranda C...29 Marshall st., Rochester, N. Y...1888
Whiteman, James K.....Howard, Clay Co., Neb.....1889
Whitford, Henry K.....103 State st., Chicago, Ill.....1870
Whitford, Susan K.....Elgin, Cook Co., Ill.....1892
Whitney, Albert B.....148 W 77th st, New York, N. Y...1882
Whitney, P. N.....Cedar Vale, Chautauqua Co., Kan..1894
Whitney, Wm. Herbert...Box 140, Westfield, Mass.....1887
Widener, A. J.....104 Main st., Little Rock, Ark.....1891
Wight, Eli.....853 Warren ave., Chicago, Ill.....1890
Wilder, Alexander.....5 N 11th st., Newark, N. J.....1870
Wiley, Edwin D.....302 W. Washington st., Des Moines, Iowa.....1892
Williams, David.....Columbus, Ohio.....1895
Williams, W. E.....Breslau, Lavaca Co., Texas.....1892
Williams, Frederick H....Lock Box 402, Bristol, Conn.....1882
Williams, Harvey Deford.Ottawa, Franklin Co., Kan.....1883
Williamson, Charles.....Washington, Washington Co, Kan.1883
Williamson, Edward J....809 N. 9th st., St. Louis, Mo.....1886
Williamson, J. M.....Stephenville, Erath Co., Texas.....1891
Wilson, C. N.....Maysville, Jackson Co, Ga.....1891
Wilson, Lanson C.....What Cheer, Keokuk Co., Iowa...1888
Wintermute, R. C.....W. 7th st., Cincinnati, Ohio.....1895
Wohlgemuth, Henry.....Springfield, Ill.....1870
Woodward, A. B, ex.....Tunkhannock, Wyoming Co, Pa..1874
Worth, Fordyce.....Hesper, Iowa.....1895
Wright, Charlotte E. M...Gilman, Iroquois Co., Ill.....1890
Wright, Francis M.....Athens, Calhoun Co., Mich.....1890
Wright, Philander B.....88 N. Pennsylvania st., Indianapolis, Ind.....1890
Wright, William A.....Barnesville, Ga.....1895

Yeagley, H.....Lancaster, Penn.....1895
YOUNKIN, EDWIN.....3035 Lucas ave., St. Louis, Mo.....1878

DECEASED MEMBERS.

Names.	*Residence at Death.*	*Year of Death.*
Allen, Paul W	New York, N. Y	1880
Antle, F. P	Petersburg, Ill	1890
Bates, David	Bonham, Texas	1893
Baines, O. O	Chicago, Ill	1896
Beam, Lemon T	Johnstown, Penn	1889
Beam, William C	Johnstown, Penn	1889
Blakely, Thomas	Jones', Mich	1888
Borden, Lefaver H	Paterson, N. J	1887
Boskowitz, Hermann	Brooklyn, N. Y	1882
Brigham, L. B	Aurora, Ill.	1893
Bundy, John H	Oakland, Cal	1881
Burton, Rollin J	Albany, N. Y	1873
Buxton, H. W	Worcester, Mass	1882
Caiger, A. E	Boston, Mass	1889
Clark, Samuel	Lawrence, Ill	1893
Conklin, Amariah	Manchester, Mich	1892
Corey, John A	Florence, Ky	1889
Covington, Henry	Pleasantville, Ia	1875
Darman, William	Philadelphia, Pa	1887
Denman, J. R	Charlestown, Ill	1878
Feather, Ira C	Sandy Lake, Penn	1888
Firth, Horatio E	Brooklyn, N. Y	1883
Forster, Andrew P	Fort Scott, Kan	1889
Fraser, Thomas R	Pictou, N. S	1882
Frazee, Lewis	Perryville, Ind	1882
Gamble, William J	Mosiertown, Penn	1888
Geddes, Robert W	Winchendon, Mass	1886
Gibbs, Aaron L	Hope, N. J	1884
Granger, Thomas A	New York, N. Y	1880
Gregory, Orson S	New York, N. Y	1882
Grinnell, John L	Peabody, Kan	1892
Hamilton, Robert	Saratoga Springs, N. Y	1894
Harney, Cabell H	Waupun, Wis	1888
Harris, Thos. L	Cazenovia, N. Y	1891
Hausen, Christian	Oakland, Cal	1882

Hector, Cornelius.....Rochester, Fulton Co., Ind.....1896
Hobson, William H.....Irving, Ill.....1890
Hodgkin, N. Dwight.....Rocky Hill, Conn.....1884
Hooper, Marvin S.....Burlington, Iowa.....1896
Hopkins, Charles C.....Evans' Mills, N. Y.....1884
HOWE, ANDREW JACKSON Cincinnati, Ohio.....1892
Hulbert, Joel C.....Rochester, N. Y.....1891
Hull, George E.....Carthage, N. Y.....1885
INGALLS, WALTER M.....Amelia, Ohio.....1879
Ingham, Henry.....Bellows Falls, Vermont.....1889
Ingraham, S. W.....Chicago, Ill.....1891
Jillson, Harvey D.....Fitchburg, Mass.....1878
Johnson, Ira T.....Orange, Mass... 1888
JOHNSON, JOHN WESLEY..Hartford, Conn.....1872
Johnston, John H..... ..New York, N. Y.....1874
JUDD, SAMUEL S.....Janesville, Wis.....1887
Kenney, Moses B.....Lawrence, Mass.....1881
Kermott, John W.....Detroit, Mich..... ..1882
KING, JOHN.....North Bend, Ohio.....1893
Linquist, Charles F.....New Haven, Conn.....1889
Lounsbury, Charles F.....Navarino, N. Y.....1884
McClearn, Matthew.....Boston, Mass.....1892
McMullen, William.....Burlington. Kan.....1891
Marmon, John W.....Mitchellville, Iowa.....1876
Martin, W. C. E.....Greenville, Penn.....1885
Mason, John D.....Boston, Mass.....1892
Merkel, Gottfried H.....Boston, Mass.....1893
Miles, Mason M... .. ..Aurora, Ill.....1893
Murphy, J. J.....Salt Lake City, Utah.....1894
Newton, Edgar Orin..... ..Hot Springs, Ark.....1877
Newton, Robert Safford...New York, N. Y.....1881
Owen, Reuben H.....Haverstraw, N. Y.....1883
Palmer, N.....Brooklyn, N. Y.....1876
Parr, John.....New Boston, Mich.....1889
Phelps, Mrs. L. J.....Syracuse, N. Y.....1895
Pickerell, Geo. W.....Indianapolis, Ind.....1895
Piper, Henry Beam.....Tyrone, Penn.....1895
Potter, A.....Springfield, Ohio.....1885

Potter, Stephen H.....Hamilton, Ohio.....1883
Povall, Henry.....Mount Morris, N. Y.....1892
Prentiss, M. M.....Rushville, Ill.....1883
Purdie, A. J. N.....Otselic, N. Y.....1890
Robinson, Morton.....Newark, N. J.....1893
Roche, David F.....Boston, Mass.....1892
Rolph, Stephen M.....Belle Plaine, Kas.....1885
Rosenberg, J. H.....Osage City, Kas.....1889
Rush, Alfred B. ... .German, Ohio.....1885
Sandmeister, Charles.....Bellevue, Ohio.....1888
Sax, Austin J.....Americus, Kas.....1887
Schmitt, Joseph A.....Belleville, Ill.....1893
Scudder, John M.....Cincinnati, Ohio.....1893
Shaw, Edward M.....Allen, Mich.....1882
Sherwood, Augustus C....San Diego, Cal.....1886
Simmons, Thomas.....Hartford, Conn.....1894
Smith, Dennis E.....Brooklyn, N. Y.....1884
Springsteen, Albert G.....Cleveland, O.....1882
Stanton, Lyman.....Copenhagen, N. Y.....1870
Stillman, Asa G.....Troy, N. Y.....1884
Stow, Benj. Jones.....Brooklyn, N. Y.....1888
Taft, Simon.....Newark, N. J.....1889
Thompson, Alexander.....Meadville, Penn.....1885
Thompson, C. D.....Oil City, Penn.....1891
Tiesler Eugene.....Orange, N. J.....1893
Vail, Albert H.....Carlstadt, Cal.....1893
Van Cise, E. G.....Mount Pleasant, Iowa.....1887
Westcott, Austin B.....Chicago, Ill.....1891
Williams, Daniel Bullard.Opelika, Ala.....1890
Williams, Jno W. Raleigh.Opelika, Ala.....1894
Williamson, E. J.....St. Louis, Mo.....1895
Winans, Robert.....Benton Harbor, Mich.....1883
Wood, Alfred A.....Jefferson, N. Y.....1875
Wood, Almon.....Durhamville, N. Y.....1882
Wright, S. B.....Lane, Kan.....1884
Wright, William R.....Bath, Maine.....1887
Yeagley, Benjamin L...Johnstown, Penn.....1895
Yost, P. D.....St. Louis, Mo.....1883

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